3	FOR 1 - STATE	DEP	ARTMENT OF	E OF MARYLAND LEALTH AND MENTAL HYG	ENE 8 3	0 3	3 2 3
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	3. SEX Fema le	4. RACE White	5. DATE O	DAY YEAR	6. AGE JINYEARS LAST BIRT	MONTHS DA	
N 02	OBURTHPLACE (STATE OR FOREIG	76. CITIZEN OF WHAT COUN	ITRY? 8.	D NEVER MARRIED		YRS. R COUNTY OF DEATH	M
lled with	Randallstown		STREET ADDRESS) County G		120. USUAL OCCUPATION OF WORK FOR MOST OF	ON 12b. KINE FWORKING LIFE) INDUSTI	D OF BUSINESS OR
ad bluor be	Md	ME OR OTHER INSTITUTION, GIVE RESIDENCE 136. CITY OR Balti		YES 📉 NO 🗌	3200 Block	Blackstone N. Charle	
3500	Frank	Joseph plu	um	15. MOTHER'S MAIDEN NAM Anna/Ann	M.		chaub
papers. Pages naval.	(YES, NO OR UNKNOWN) (IF Y UNKNOWN)	5. GIVE WAR OR DATEST	SECURITY NO. 9-2569	17. INFORMANT: Atty Robt. J. Doughe	ADDRE erty,13701	Alliston,Ba	21013 aldwin, Md
mit. Then please remove carb prior to burio!, cremation, ar any injury, ar ather traumatic	Canditions, if any, which gave rise to immediate cause (a), stating it underlying cause last part 2. OTHER SIGNIFICATION I 190. DATE OF OPERATION	e DUE TO, OR AS A CONS	TO DEATH BUT		Perding Nat DISEASE OR FONE	DITION GIVEN IN PART	
	210. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY		21c. HOW INJURY OCCURR	YES NO	IN CERTIFYING CAUS	SES OF DEATH?
	saw the deceased aliv	P.M. 210. PLACE OF INJURY LAT HOME, STREET, FACTORY, O paspital attended the deceased f	FFICE, FARM, ETC.)	211. LOCATION STREET 4 - , 19 - , 19 ad that in (my) (aur) apinion d	CITY OR TOV	4-1983 ite and haur and fram t	STATE , that (I) (we) last the causes stated
with the State D	SOON CH SOON CH 230. BURIAL, CREMATION, REMO		23t/NAME OF C	ATTENDING PHYSICIAN [] 220. ADDRESS Ballhuss EMETERY OR CREMATORY	MEDICAL STAF	FLA	HOSDIN
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Joseph N. Zannino. 263 Store Conkling St.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

FOR

REGISTRAR

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

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Leonard J. Ruck, Inc. Baltimore, Maryland

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DHMH - 16 50M 4/82

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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page 3 er death

FOR - STATE REGISTRAR DECEASED NAME

TYPE OR PRINTS

FEMALE O. BIRTHPLACE (STATE OF FOREIGN

MARYLAND CITY OR TOWN OF DEATH

TOWSON

MARYLAND 14 FATHER'S NAME

(YES, NO OR UNKNOWN)

CHARLES

SEX

CERTIFICATION

MEDICAL

AGNES

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

NOT WHILE AT WORK

saw the deceased alive an

22b. SIGMATURE

24 FUNERAL DIRECTOR

4. RACE

WHI

NAME OF

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BALTIMORE

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(IF YES, GIVE WAR OR GATES)

(IF NOT IN SU

76 CITIZEN OF

DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	0:	3 3	2 7
MICIOLE	AST	20 DATE OF DEATH MO	YAC HTMC	YEAR 2b. I	HOURPM
W. MAI	NNING		2 12	83 5	:47 4
5. DATE C MONTH 11		6. AGE (IN YEARS LAST BIRTHE	YRS.	Den Frenk	NDER 24 HRS URS MIN.
WHAT COUNTRY? 8. MARRIEI WIDOWE		9 BALTIMORE CITY OR BALTIMORE			MD.
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1. GIVE RESIDENCE BEFORE ADMISSION) 13(. CITY OR TOWN RANDALLSTOWN	136. INSIDE CITY LIMITS? YES NO 🔀	13e. STREET ADDRESS 3908 NOYES	CIRCLE	MARYLAN , 21133	
LAST WYATT	15. MOTHER'S MAIDEN NA/ FIRST ANNA	WIGDIE		MUR PHY	
166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	5		
212-05-1350	ANDREW S. MA	ANNING 1901	SHAWAN	VALLEY	LANE
CARCINOMA O	F LUNG WITH	PERITONIT	IS	APPROXIMATE BETWEEN ONSET	AND DEATH

18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
Canditians, if ony, which gave rise to immediate couse (a), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF b) DUE TO, OR AS A CONSEQUENCE OF	

20b. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY?

2-20

DEGREE

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED

21e PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

211. LOCATION STREET

CITY OR TOWN

YES X

MEDICAL

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

YES X

IN CERTIFYING CAUSES OF DEATH?

STATE

NO [

83 and that in (my) (aur) apinian deoth accurred on the date and haur and from the causes stated

LOW MO 224 PHYSICIAN'S NAME (TYPE OR PRINT)

220.1 certify that (1) (this hospital) attended the deceased from

obove, (I) (we) (did) (did not) view the body after death.

MD

22e ADDRESS

STAFF DIRECTOR PHYSICIAN

6701 N. CHARLES ST. TOWSON MD

22c. DATE SIGNED

CHARLES C. BROWN

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING

PHYSICIAN

23d LOCATION

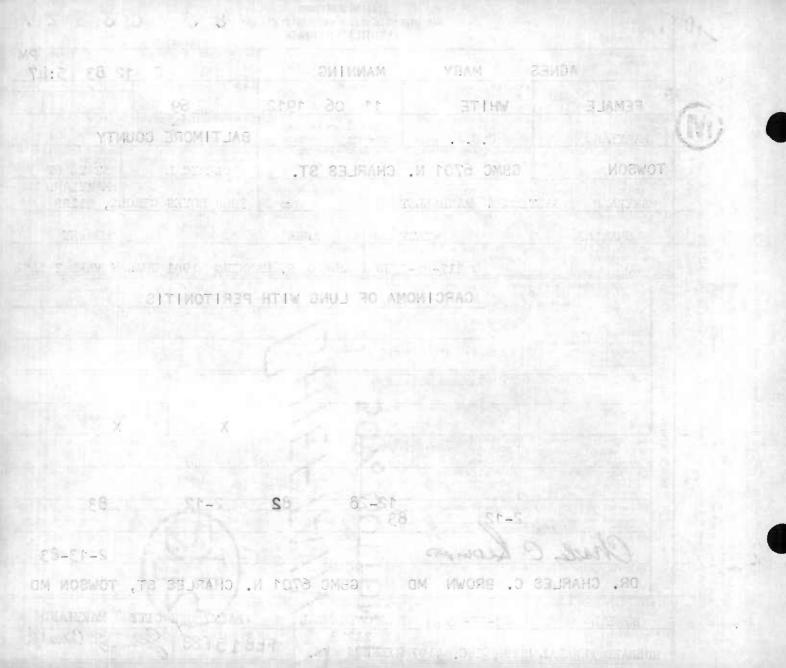
230 BURIAL, CREMATION, REMOVAL 23b. DATE 02-17-83 NEW CATHEDRAL BURIAL

BALTIMORE CITY COUNTARYLAND 5 1983

21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.



DHMH - 16 50M 1/B1 (VRA 15, 4)

	1-	FOR STATE REGISTRAR				EALTH AND MENTAL HY	GIENE 8	S REG. NO	, 4	3	0		
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ı	3 SE	X	4. RACE		5. DATE O		6. AGE (IN	YEARS LAST BIR	THDAY	IF UNDER		IF UNDER 24 HRS	
	F	emale	White		5-	9-1915 YEAR	67		YRS.	MONTHS.	DAYS	HOURS MIN.	
3	la Bl	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8.		9 BALTIMO	RE CITY O		Y OF DE	ATH		
7	Ba	altimore	USA		WIDOWE	NEVER MARRIED DIVORCED	BA	LTIMO	RE CO	UNTY		440	
S	10. CI	ITY OR TOWN OF DEATH	(IF NOT IN SUCH F	DSPITAL, NURSING FACILITY, GIVE STREET AD	HOME O	R OTHER INSTITUTION	120 USUAL	OCCUPATION FOR MOST O	ON F WORKING L	I 12b. KIND OF BUSINESS OR INDUSTRY Oper Balto Cit			
	USU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GI	VE RESIDENCE BEFORE A	DMISSION)			-	- L			,0,010,	
2	Ma	aryland Bal	timore	3c. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES NO X		W. O	ver1	ea l	lve.	21206	
0	14 F.A	ATHER'S NAME FIRST	MIDDLE	ruelove		15. MOTHER'S MAIDEN NA	ME	MIDDLE	ert.		LAST	74.19	
+	16a V	WAS DECEASED EVER IN U.S. AI		SOCIAL SECURI	ITY NO.	17 INFORMANT		ADDRE		anno		234	
	(,	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	212-03-6		Michael Ma	ariell	a 21	19 W	i1ke			
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ч		1509				CARCINOMA OF							
		Conditions, if ony, which gove rise to immediate	(b) A	FFECTING	LUNG	S, LYMPH NOD			PANCR	EAS,			
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	CERTIFICATION	190. DATE OF OPERATION	196 CONDITIO	ON FOR WHICH O	PERATION	WAS PERFORMED	20a. AUTO	OPSY?		S, WERE			
	TIF						YES X	NO		ES 🗍	AUSES C	P DEATH?	
3		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		NJURY MONTH DAY	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NA	TURE OF INJUR	Y IN ITEM 18	PART I OR P	ART 2)		
	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	3111		19								
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF (AT HOME, STREET	OF INJURY 211 LOCATION STREET				CITY OR TO	WN	COU	NTY	STATE	
		WHILE NOT WHILE AT WORK			1 0	7 00		0 15					
		22a. I certify that (H)(this hasp sow the deceased alive or	2-15	19 81	1-2	d that in toxy) (our) opinion	death accurre	2-15 d on the do	te and ha	19_8	m the co	ot (X(we) lost	
	-	obovex I) (we) (did tydychos 22b. SIGNATURE	view the body of	ter death.		EGREE		-			DATE S		
		Juffing	Char	he M.	1)	ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAF			2-16	-83	
						00 1000000							
1		22d. PHYSK AND THAME IN C				22e. ADDRESS					1		
		JEFFREY C. R	OCHE, M.D			7620 YOR			N MD	2120)4		
	23a. B	JEFFREY C. R	OCHE, M.D	23c NA		7620 YOR	23d. LOC/	ATION		2120 COUNTY)4	_ STATE _	
	Bi	JEFFREY C. R	OCHE, M.D	23c NA		7620 YOR	23d. LOC/		rg,		Mar	yland	

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death, respined by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled within 72 with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.	IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical examiner mass be notified of once.
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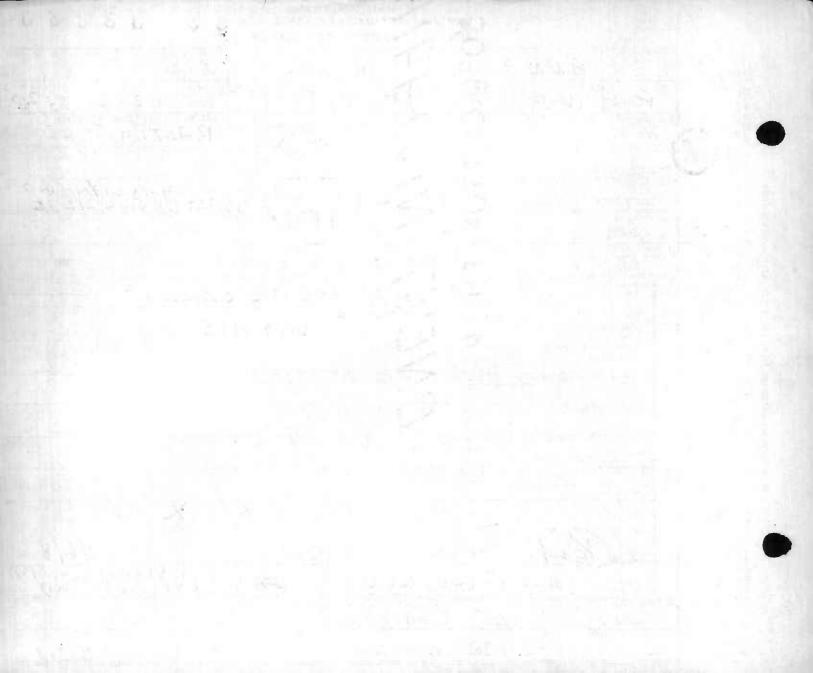
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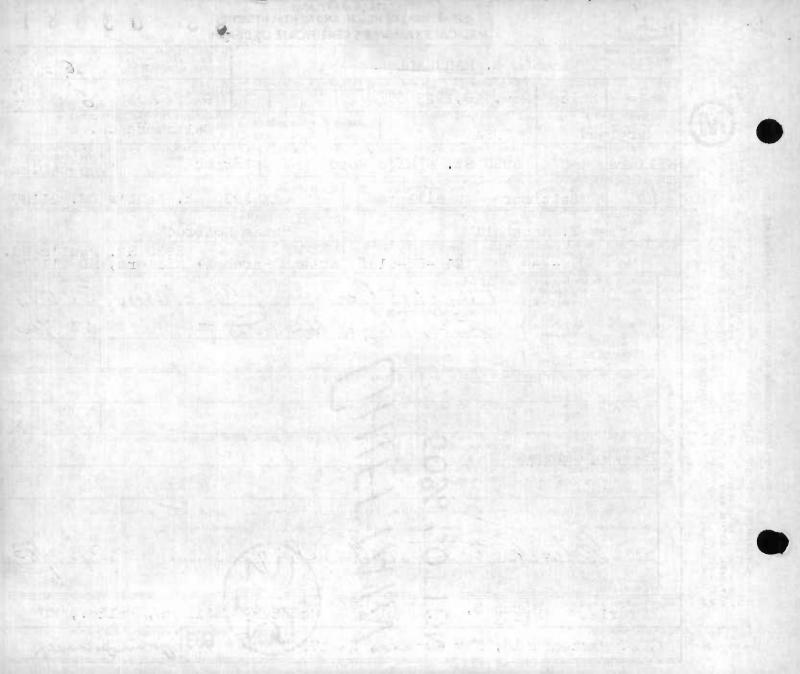
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		CEASED NAME	FIRST . /	MIDDLE	AST	2a. DATE OF DEATH		26 HOUR
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	3. SE		4. RACE	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	MONTHS MAY	
ō		emale	White	Mar		75	YRS.	S HOURS MIN.
17	7a. BI	IRTHPLACE (STATE OR FO	76. CITIZEN OF	WHAT COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEATH	Les Tells
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0		ITY OR TOWN OF DEAT	(IF NOT IN SUC	HOSPITAL, NURSING HOME C		12a USUAL OCCUPATI		O OF BUSINESS OR
2	rusu,	CKEYSVILLE AL RESIDENCE (IF NURSIN	GHOME OR OTHER INSTITUTION,	Sandringham GIVE RESIDENCE BEFORE ADMISSION)	Road	lat home		
5	Mc	_	Balto.	Cockeysville			21030 ing Head C	Court
30		lick Neamou	uitakis	LAST	15. MOTHER'S MAIDEN NA Aegyro P	MIDDLE		LAST
1		WAS DECEASED EVER IN YES NO OR UNKNOWN)		166 SOCIAL SECURITY NO.	17 INFORMANT family	ADDRI	SS	
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		276. SIGNATURE	andil 1	Haused HD		MEDICAL STA	FF 9	12,83.
1		In Physicians Nam	amed, M.D.		20/ Fact	Joppa Road	Algrests (1)	
Ì	23a. P	BURIAL, CREMATION, RE		231 NAME OF C	EMETERY OR CREMATORY	1234 LOCATION		
	- ((SPECIFY)	2/5/83	Laurel		CITY OR TOWN	enna.	STATE
	24 FL	UNERAL DIRECTOR	l of Chimas	ADDRESS	25a. DA	TE REC'D. BY REGISTRAR		Cohielf

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n/[R	ATE GISTRAR			DICAL EX	ENT OF HE	ALTH A	ARYLAND AND MENTAL RTIFICATE	-		REG. NO.	3 3	3	Q
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A 12 7 1 1 1 1 1	Pe	HPLACE (STATE OR GN COUNTRY)	71	b. CITIZEN OF WE	HAT COUNTS	w w	IDOWE	/ -	RIED L	BA.	LTIN	OUNTY OF DE	00	MD.
		ORTOWN OF DE	ATH 1	1. NAME OF HOS (IF NOT IN SUCH FA 4415 W	PITAL, NURS CILITY, GIVE STRE YNN RO	ING HOME, OI get address)	OTHER	NOITUTION	HOUSE	LOCCUPAT IST OF WARKING BWIFE	ION (TYPE OF W		D OF BUSI	
MAN AND S	Ja, STA	RESIDENCE (IF IN NI TE aryland	IRSING HOME OR C 13b COUNTY Balti			FORE ADMISSION) OR TOWN THAIL		Id INSIDE CITY LIMITS?	13e. STREE	ADDRESS	4415 MOR	W 771	715	0
1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =	4. FAT	John	,	MIDDLE	Nesba	st A r	1:	5. MOTHER'S MAII		nknown	E	L	AST	
REALTIMORE	60. WA (YES,	(S DECEASED EVER NO, OR UNKNOWN) NO	IN U.S. ARME			18-0330		Mrs Dor	othea 2	_	ADDRESS SO	Sa	ame	
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XAMMER; ERTIFICATE D BE FORW MITH THE 5 ARYLAND,		220. I certify that death resulted tre- scrual IGNATURE	and sometime	of the remains des	Accident	, held an , Suicide	Autopsy ,, 	Hamicide IIILE (SPECIFY)	L/	Inquiry mined mann	er .	DATE SIGNED	6/8	3
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DHAMH 17	-	PERAL DIRECTOR DAME DONARD TO A TO	uck Inc	c. Balti	more,	Marylan	đ	25a. DATI	_	GISTRAR	256. REGISTRA	AR'S SIGNATU	IRE	,



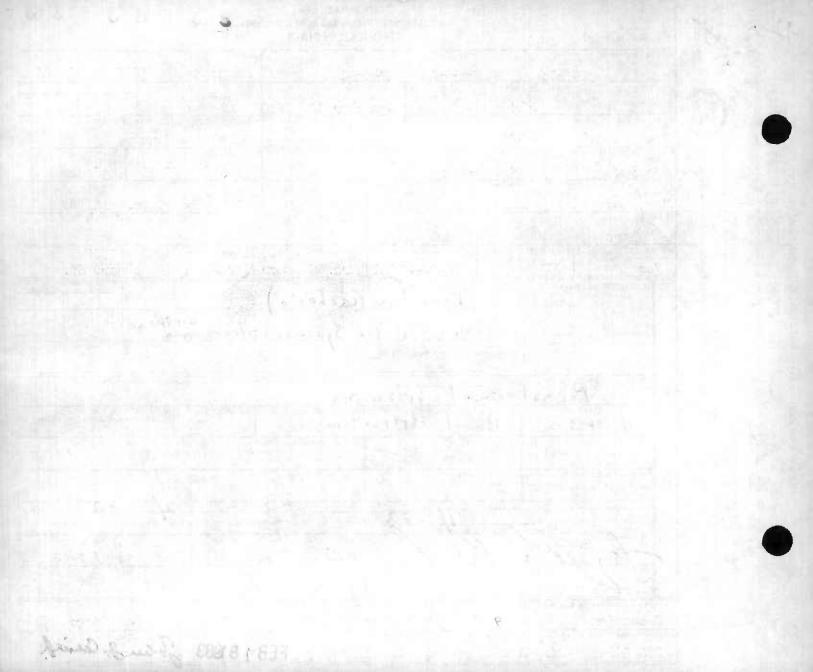
6	1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEALTH REG. NO.	3331
SSE ET,		CEASED NAME FIRST LAW	SON H. MARSHALL AST LAST OF ESTI- DEATH MATED DEATH MATED AST OF ESTI- DEATH MATED DEATH MATED AST OF ESTI- DEATH MATED DEATH MATED AST OF ESTI- DEATH MATED DEAT	MONTH DAY YEAR 26. HOUR
RY, PLEASE DRECTOR. PLURS FILES. HOURS	3. SE.	Tale White	5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 71. DATE MONTH DAY 16, 1923 1559 YRS. MONTHS DAYS HOURS MIN. PRONOUNCED DEAD TO BE AD TO BE ADD TO BE A	Dry 36 1983 / PM
(M)	FC	RTHPLACE (STATE OR PREIGN COUNTRY) Maryland	Th. CITIZEN OF WHAT COUNTRY? USA **MARRIED NEVER MARRIED Baltimore WIDOWED DIVORCED	COUNTY OF DEATH
ELAY ISO TO THE PAGE BE FILED S. 30	Mi	ITY OR TOWN OF DEATH 11ers	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (TYPE OF 13930 St. Paul's Road For MOST OF WORKING LIFE)	POUNTUFFY& Vegetables
IF ANY DE RETAIN SHOULD B	13a. S	MD Balt	r other institution, give residence before admission) TY 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS YES NOXX 3930 St. Paul	l's Rd. 21107
RE, MD. 2 EDEATH. GES 1, 2, 2 RM PM 3 AND 2 S OF WIAL		THER'S NAME James S. M		LAST
ALTIMOI S AFTER SIVE PAGES 1 VISION (160. \	VAS DECEASED EVER IN U.S. ARI ES, NO, OR UNKNOWN) (1F YES, GIVE NO ——	AED FORCES? WAR OR DATES) APP 36-0145 Arlene Marshall Miller	St. Paul's Rd rs, MD 21107
301 W. PRESTON ST., CUTED WITHIN 24 HO IN PENCIL IN ITEM 11 L EXAMINER ALONG JRAL-TRANSIT PERMIT JD MENTAL HYGIENE; J, OR REMOVAL.		Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause lost.	y ane cause perfine far (a), (b), and (c).) BY: E CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	APPROXIMATE INTERVAL BEPMEN ONSET AND DEATH SUSCESS ST. 3/100
RECORI JID BE E PENDIN F MEDIN F AEDIN HEALTH	CERTIFICATION	19g. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES □ NO
DIVISION OF VITAL S. CERTIFICATE SHOURTH WORD THE WORD TO THE CHIE E. 3 SHOULD BE USE PRIOR TO BURNAL OF I PRIOR TO BURNAL OF I	MEDICAL CE	210_EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF E 210. INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) 21b. TIME OF INJURY HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART HOW INJURY	1 OR PART 2) COUNTY STATE
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WE PAGE 4 SHOULD BE FORWA! TO FUNERAL DIRECTOR, PAGE AFTER DEATH, WITH THE STATING BALTIMORE, MARYLAND, 21201	73a B	AT WORK 22a. I certify that I taak charg death resulted fram: Natur ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	e of the remains described above, held an Autopsy , Inspection , Inquiry , and in all causes , Accident , Suicide , Hamicide : Undetermined manner , MEDICAL EXAMINER ADDRESS	DATE SIGNED 127/83
BP DHMH - 17 (VR A15 ME (5)) 15M 7/77	24. F	UNERAL DIRECTOR	1903	AR'S SIGNATURE



6		FOR STATE REGISTRAR		DEPARTA	CERTIF	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	REG. NO	0, 3		3 2
nay be poge 3 sr death		CEASED NAME FIR	RMAN	WIDDLE	m	ARTIN		aonth day	83	D A D M
Page 4 ma director, po pours offer	3. SE	MALE	4.RACE White	e	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTH	YRS.	HS DAYS H	FUNDE 24 HRS
leoth. Po		RTHPLACE (STATE OR FOREK COUNTRY) Virgin		WHAT COUNTRY?	8. MARRIE WIDOWE			County of		MD
s ofter d	10. C	Rossville	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, OIVE STREET Care Nur	ADDRESS)	Home	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF FOREMAN		26. KIND OF B NDUSTRY Mattr	SUSINESS OR
y filled in should be feefings to		AL RESIDENCE (IF NURSING HISTATE 13b.	OME OR OTHER INSTITUTION. COUNTY	GIVE RESIDENCE BEFORE 134. CITY OR TOW Kingsvil	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 2909 Valley	y Brook	Court	21087
ompletely ond 2 sh	14. FA	THER'S NAME FIRST Thomas	MIDDLE D.	Martin		15. MOTHER'S MAIDEN I	MIDDLE	Cı	ustis	710
be execut		VAS DECEASED EVER IN U YES, NO OR UNKNOWN) I IF NO	I.S. ARMED FORCES? YES, GIVE WAR OR DATES)	216-03-4		Mr. Norman	ADDRES		as #1	3.)
e law requires that the death cen. Incomplete the attending to been signed by the attending permit. Then please remove corbine prior to burial, cremation, or twe sany injury, or ather traumatic	CERTIFICATION		ich ofe he by Due TO, O ssst. ANT CONDITIONS CO	D.D.	ENCE OF DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR COND	206. IF YES, WE	RE FINDING	F DEATH?
or attending physicial or attending physicial After this certificate has a set the buriol-transit set os the buriol-transit soilth and Mental Hygie marked or frem 18 should have the provided or frem 18 should be set to be	MEDICAL CERT	216, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE) 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 226.1 certify that (I) (this	(AMINER) HOUR A. 210. PLACE LAT HOME, STE	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	AY YEAR 19 FARM, ETC }	211. HOW INJURY OCC	VES NO VERNATURE OF INJURY		OR PART 2)	STATE
TO HOSPITAL OR ATTEN efained by the hospital TO FUNERAL DIRECTOR should be detached for us with the State Dept. of His MAPORTANT: if them 21 is		22e. I certify that (I) (this sow the decessed all above. III (we) (did) f 22b. SIGNATURE	Agrical siem the pade	after Seath/		DEGREE ATTENDING PHYSICIAN	on death accurred an the da STAFI DIRECTOR PHYSICI Care Ros	F AN	226. DATE SK	
BP		BURIAL, CREMATION, REM (SPECIFY) Removal	2/12/8		NAME OF C	EMETERY OR CREMATOR	CITY OR TOWN	Marie	UNTY	STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24. FI	JNERAL DIRECTOR NAME Anatomy I	Board	/⅓ ADDRESS	Balto	., Md.	FEB 24 1983	Sh. REGISTRAR	SSIGNATUR	wich

8728 Liberty Rd. Randallstown, Md. 21133

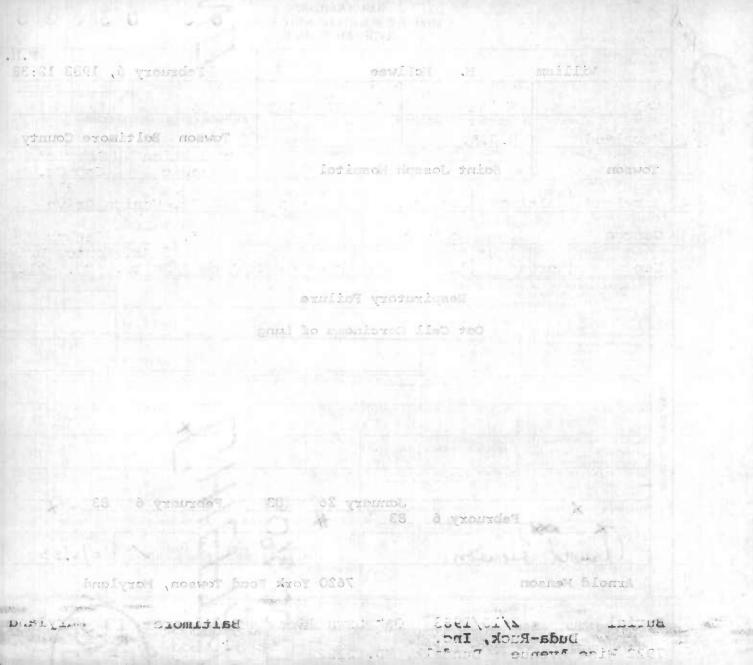
(VRA 15. 4)



		CEASED NAME	FIRST	MIDDLE		LAST OF DI	KATII	REG. NO 20. DATE OF DEATH		AY YEAR	26. HOUR
	litre	OR PRINT)	LEO	JOHN		CARTNEY	JR.	February			٨
_	3. SE	Male	ľ	RACE Whit	S. DATE	or BIRTH 29t	h year 1916	6. AGE (IN YEARS LAST BIR	THDAY)	FUNDER 1 YEAR	HOURS MIN.
M	5.0	RIHPLACE (STATE OR I OUNTRY) Maryland	OREIGN 7	U.S.A.	OUNTRY? 8. MARRII WIDOW	ED NEVER M	ARRIED O	9. BALTIMORE CITY O Balti	of DEATH County		
30		TY OR TOWN OF DEA		1. NAME OF HOSPITA (IF NOT IN SUCH FACILITY, 9209 Snyde	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Payroll Acc t.			F BUSINESS OR			
and S	13a. S M	AL RESIDENCE (# NURS TATE aryland THER'S NAME	13b. COUNT		PENCE BEFORE ADMISSION Y OR TOWN TRY Hall	13d. INSIDE CIT	NO 🛣	13e. STREET ADDRESS 9209 Sm	yder]	Lane 2	1128
330		Leo	Joi	n McCa	rtney Sr	F	llian	MIDDLE		Armstr	
medicol ex	16a V	VAS DECEASED EVER	IN U.S. ARM	NED FORCES? 16b SOO	-03-9742	17 INFORMAN	VT	Cartney 920	reri	ry Hall	21128
njury, or ather traumatic	7		nediate ig the last.	DUE TO, OR AS A C (b) DUE TO, OR AS A C (c) DIDITIONS CONTRIBU Nulli Lies	ONSEQUENCE OF	T NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	,
Sony	CERTIFICATION	190. DATE OF OPERA			OR WHICH OPERATION	ON WAS PERFOR	RMED	200 AUTOPSY?		WERE FINDIN	
or Hem 18 sho	MEDICAL CER	218. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 218. INJURY OCCUR	CAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MC P.M. 218. PLACE OF INJUI (AT HOME, STREET, FACTO	ONTH DAY YEAR 19 RY	211. LOCATIO		ED (ENTER NATURE OF INJUI		COUNTY	STATE
Item 21 is marked	W	saw the decease	(this haspite	al) ottended the deceas	sed from	DEGREE		death occurred on the do			
1		La	ME (TYPE OR	PRINTI	3 0	220. ADDRESS		MEDICAL STAI DIRECTOR PHYSIC	FF CIAN [13 1	5-13

Test . 11 tyranger . He I area to Those test Terry light 9209 Ing der ann (sontamus) tell acolo. x III rest encelled langue - Netherland and January Maria Ton Army No. 11 214- 5-97-2 Leons M. McContiney 9209 Sandor Tenn torigue. Frontier unit madebase 192 45 fill out introd

32	1.	FOR STATE REGISTRAR			DEI	PARTMENT O	TE OF MARYL HEALTH AND IFICATE OF	MENTAL HYG		3 0	3 3	3 5
~		CEASED NAME	FIRST		MIDDLE		EAST		20. DATE OF DEAT		Y YEAR 2b H	M. Puon
a (A)	(iire	Wil:	liam		H. 1	McElwee			Fe	bruary	5, 1983	12:33
ow I	3. SE	X		4. RACE		5. DATI	OF BIRTH	YEAR	6. AGE (IN YEARS LA	ST BIRTHDAY)	FUNDER I YEAR IF UN	NDER 24 HRS
Poge 4 directo nours and e.		ale		White		1	12	1930	53	YRS.		
oth. P. 72 ho	Jo. BI	RTHPLACE (STATE OR FI	OREIGN	76. CITIZEN OF	WHAT COU	NTRY? 8. MARE	ED X NEVER	MARRIED -	9. BALTIMORE CI			
ne fune: within 7		aryland TY OR TOWN OF DEA	70	U.S.A			OR OTHER INS	NORCED [Towso		imore Co	
Soft filed	Т	owson		X Sai	nt Jos	seph Ho	spital	MONUM	Mecha:		Can C	
ithin 24 hountely filled in 2 should be	13a. S	AL RESIDENCE (# NURSI TATE aryland	13b. COUN	other institution ity cimore	13c. CITY OF		13d. INSIDE (NO X	13e. STREET ADDR		21 ca Driv	222 e
ored within	G	THER'S NAME FIRST Borge		W.	McElv	wee	Emm		ME MIDE J	ole.	Carte	r
Pages	_ 5	VAS DECEASED EVER I		MED FORCES?		L SECURITY NO					Monica	Driv
privile be e a physician o annopapers. Po emonopapers and emon	Y	es	Kore	a	217-2	24-203	6 Agne	s C. M	cElwee	Balto	APPROXIMATE I	2122
e law requires that the death connors been signed by the attending permit. Then please remove cortainer prior to buriof, cremation, or we any injury, or other traumatic.	CERTIFICATION	Conditions, if ony, gove rise to imm cause (a), stating underlying cause PART 2. OTHER SIGN 19a DATE OF OPERAT	lost.	DUE TO, O	R AS A CON	SEOUENCE OF	inoma	D TO THE TERM		20b. IF YES,	N IN PART I to WERE FINDINGS L	JSED SEATH?
	ERTII	21g. ACCIDENT WAS UND	ERLYING [21b. TIME C	E MILLIDY		Tale HOW/IN	LILIBY OCCUPE	YES NO			
SICIA ng p priol-i	MEDICAL C	OR CONTRIBUTING C	AUSE OF DEA	TH HOUR A	M. MONTI	H DAY YEA	R		CED (ENTER NATURE OF	INJURY IN HEM 18 PAR	I I OR PART 2)	
MING PHY or attending after this s as the builth and M	MED	21d INJURY OCCURR WHILE NOT WHILE AT WORK AT WOR	RE 🗇		OF INJURY REET, FACTORY, C	OFFICE, FARM, ETC.)	21f LOCATI	ON	City	OR IOWN	COUNTY	STATE
OR ATTEND he hospital a DIRECTOR. A DIRECTOR. A Coched for use Dept. of Head	107	220. I certify that S saw the decease above 2 (we) (d 22b. SIQ NATURE	d alive on	Febru	arv 6		DEGREE	19 03 (our) apinion of		he date and hour o	22c DATE SIGN	
TO HOSPITAL retained by th TO FUNERAL should be detr with the State IMPORTANT: F		22d PHYSICIAN'S NA Arnold	Henso	n			7620	York R	load Tows	on, Mary	rland	
BP	Bi	URIAL, CREMATION, P SPECIFY) Irial		2/10/	1983	Oak	CEMETERY OR Lawn		23d LOCATION CITY OF TOM Baltin EREC'D BY REGIST	nore _		yland
DHMH - 16 50M 4/82 (VRA 15, 4)	7	UNERAL DIRECTOR D	uda- Aven	kuck, ue I	Inc ,	lk, MD	. 2122	-	EB 1019	83	The state of the s	heelft



Mitchell-Wiedefeld Home, Inc. Balto. Md. 21212

FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

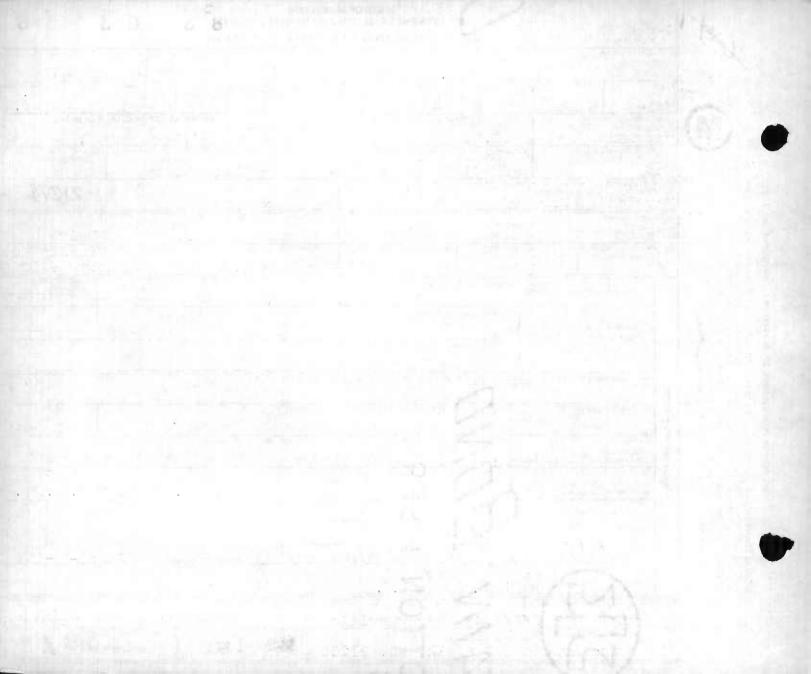
fine control control FILE TOTAL בולמן הפרקבנים ופלוכת t Copp Circle (1200) and the Mis Mislar is a constant of the second of TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth. Page retained by the hospital or attending physician.

BP_____ DHMH - 16 50M 4/8 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1-	FOR STATE REGISTRAR		0 0 0 0 7							
- [CEASED NAME FIRST OR PRINT)	MIDDLE		LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HC					
1		HARRY		McLAU			JARY 25,1983 6:40				
2	1. SEX	Male	4. RACE White		of Birth h 29,1895	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS				
					11 29,1895	87	YRS. PR COUNTY OF DEATH				
		Maryland	76 CITIZEN OF WHAT C	WIDOW		Balti	imore County "				
0	ig. CI	TY OR TOWN OF DEATH	Mary I and	Masonic He	OMES	(TYPE OF WORK FOR MOST O Electrical	ON 12b. KIND OF BUSINESS O INDUSTRY Contractor				
5		L RESIDENCE (IF NURSING HOME OR TATE 13b. COUN Balt		DENCE BEFORE ADMISSION) Y OR TOWN DUTUS	13d. INSIDE CITY LIMITS? YES NO 🖔	13. STREET ADDRESS 169 Oaklee	e Village 21229				
30	14. FA	THER'S NAME Charles McL	aughlin	LAST		a Coulter	LAST				
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SO	CIAL SECURITY NO.	17. INFORMANT	ADDRE	SS				
	(,	TES NO OR UNKNOWN] (IF TES, GIV	217	-14-5618	Md. Masonic	Md. Masonic Homes Cockeysv					
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per l m in D BY: 'E CAUSE (o)	al la and it	Prosta	16	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
		Conditions, if ony, which	DUE TO, OR AS A C	ONSTOLINGE DE	tase.	- Dau	in conox				
		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A	PUSEOUENCE OF	DEOX	7	170				
	NOI	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1(a)				
9	TIFICAT	190. DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES N					
7	CAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MC	Y ONTH DAY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	ER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)				
1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJU		211 LOCATION STREET	CITY OR TO	WN COUNTY STATE				
		sow the deceased alive on obove, (1) (we) (did no			and that in (my) (our) opinion	to 2 - 2 - deoth accurred on the de	ote and hour and from the causes stated				
		276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY									
0 6				L.D.		ille, Md. 21030					
1		Walter E.	Karrgin. M				1()				
1	23a B	Walter E. BURIAL, CREMATION, REMOVAL SPECIFY) BUrial		23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	county state				

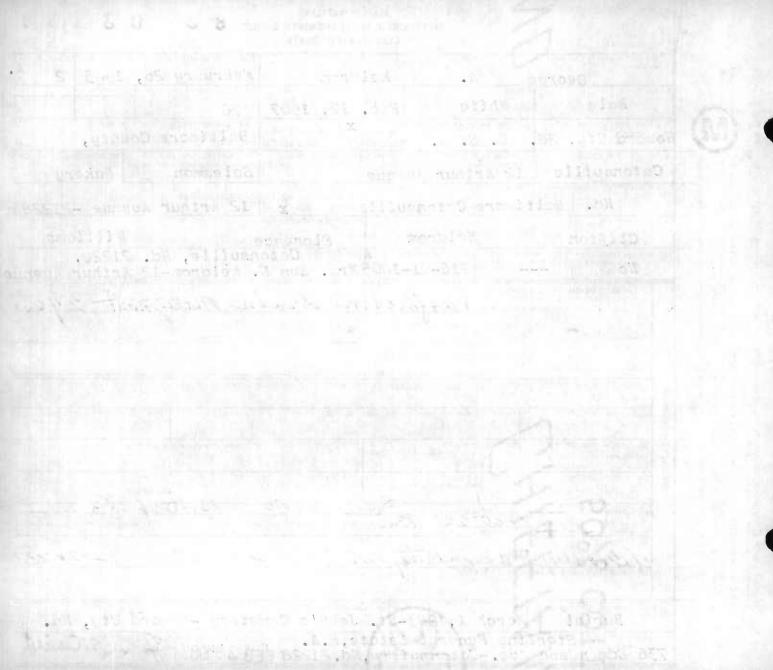
Marine English Tank Marine i i c alli e Duty Josey ville terlandes is loved to the notation of the notation William In altie of The Maryland In the Mills of 1922 les callin iss all wis e.ele 1915, inc. salto., 16.31215 in



736 Edmondson Ave.-Catonsville, Md. 21228 FEB 28 1983

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



injury, or other troumotic event,

MPORTANT: If Hem 21 is morked or Hem 18 shows ony

4 moy be

FOR - STATE STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

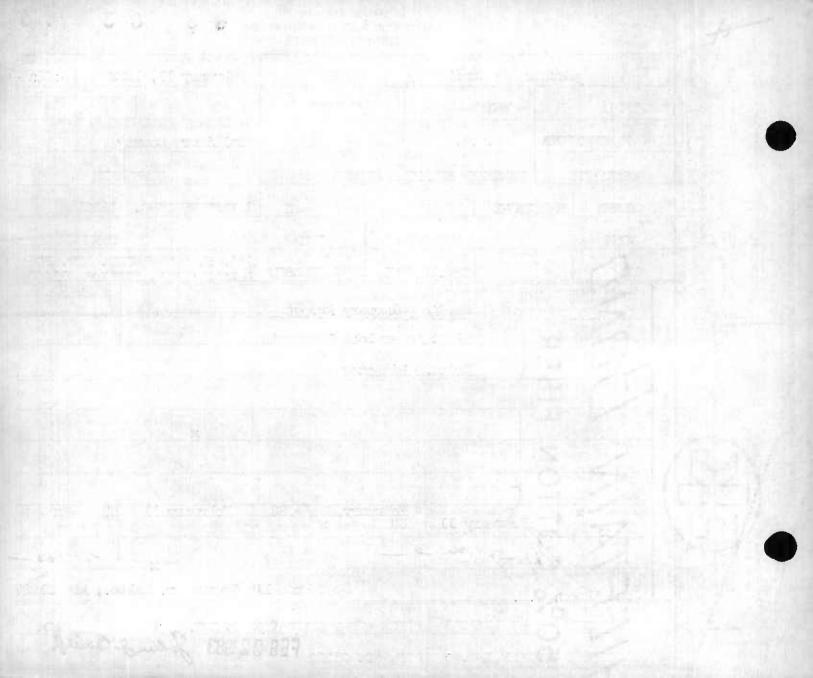
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	REGISTRAR				CEVII	IICAIL OF DEATH	REG. N	10.				
	CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR		
1111	CORPRINT)	Esthe	r (1	nmi)	1	MELLIN	February	11,	1983	5:52a M		
3. SE	X		4 RACE			OF 8 IRTH	6. AGE (IN YEARS LAST BE	RTHDAY)	MONTHS DAYS			
	FEMALE		WHIT	E	MON	5/3/1899 YEAR	83	YRS		S HOURS MIN		
7a. B	IRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	ED NEVER MARRIED	9. BALTIMORE CITY	OR COUN	TY OF DEATH			
	MORE, MINN		U.S		WIDOW	EDX DIVORCED	Baltimore	e Cou	inty	MD		
10 C	TOCCULTE T		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT	OF WORKING	GLIFE) INDUSTR	OF BUSINESS OR		
USU	ROSSVILI			IN SQUARE				HOP	1EMAKER			
13a M	ARYLAND	13b COUP		13c. CITY OR TOW ESSEX		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1 EASTERN	BLVD	2122	21		
14. F/	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME			AST		
	JOHN		The Hay	ANDERSO	N	ANNA	MIDDEL		UNKN	IOMN		
	WAS DECEASED EV		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	1910 S. ADDR	ESSANT	DITTO A	DT 306		
	NO	JIF TES, GIV	E WAR OR DATES)	266.18.0	901	PAUL JOHNSON	DELRAY BE		FIORIDA	33444		
	18 CAUSE OF DE	ATH (Enter or	ly one couse per	line for (a), (b), and	die				BETWEET	NONSET AND DEATH		
	PART I. DEATH WAS CAUSE (6) Cardio pulmonary Arrest											
	250											
112	Conditions, if ony, which ((b) Right Lower lobe Pneumonia											
	gove rise to											
	couse (o), storing the DUE TO, OR AS A CONSEQUENCE OF											
	underlying couse lost. (c) Brittle Diabetes											
_	PART 2. OTHER ST	GNIFICANT	CONDITIONS CO	ONTRIBUTING TO E	DEATH 8U	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION	SIVEN IN PART 1	110		
ō												
CAT	190 DATE OF OPE	RATION	19b. COND	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a. AUTOPSY?		YES, WERE FIND			
Ę	X 1.3		74				YES NOT	1	TIFYING CAUSE	S OF DEATH?		
CERTIFICATION	21a. ACCIDENT WAS	UNDERLYING T	21b. TIME O	FINJURY		21c. HOW INJURY OCCURR						
	OR CONTRIBUTING		1111	M. MONTH DA								
2	I IF EITHER NOTIFY M				19							
MEDICAL	21d. INJURY OCCI		21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE		
	AT WORK	WHIIE WORK										
7.	22a I certify that	X (this hospi	tol) ottended th	e deceased from	Febr	jary 4 19 83	to Februar			, that X (we) lost		
5	sow the dece	osed olive on	Februar	ry 11_19_	83。	and that in (n X) (our) opinion o	death occurred on the a	ote and h	iour and from the	e couses stated		
	275. SKINATURE	(ulu) Mix 100	y wew the body	offer deoffi.		DEGREE				E SIGNED		
1		(th	Auniz	m.D	_	ATTENDING _	MEDICAL STA		21	11/83 -		
100	72st PHYSICIAN'S	710	1-1			PHYSICIAN [DIRECTOR PHYSI	CIAN		703.		
	VIII PHI SICIAL S	major turned	The same of				4 C T	- D	7.4	MD 03.005		
	Jose Mu	noz, M	.D.			9000 Frankl	in Square i	r. B	arto.,	MD 21237		
	BURIAL, CREMATIO	N, REMOVAL	23b. DATE	23c. N	AME OF	CEMETERY OR CREMATORY	23d. LOCATION					
	CREMATI	CON	2/17/	1983 GF	REEN I	MOUNT CREMATOR			COUNTY	MD.		
24 FI	UNERAL DIRECTOR					PAT	READ AY REGISTRA	25b REG	ISTRACE'S ALLANA	ATORE		
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AAC.	TITL DIG	TATO TITA	MATTER & THA	C. DOMDAL	TIA TAIL	D. 21222	U	/-	4-1			

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STATE OF MARYLAND

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Benson, Md

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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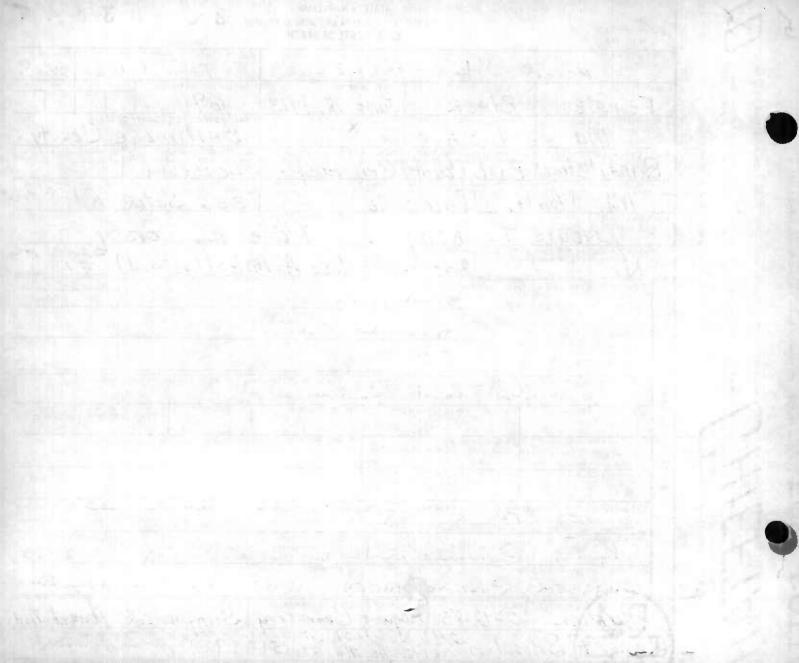
Fleming Funeral Service

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35	FOR STATE REGIS		DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	0 3 3 4 4
y be oge 3 death	1. DECEASED		A L,	MILES	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 8, 1983 8:50 PM
ctor, p	3. SEX - F-E	male	Black	June 18, 1913	6. AGE (IN YEARS LAST BIRTHDAY)	
ter death. Pag	70. BIRTHPLA COUNTRY)	CE (STATE OR FOREIGN OWN OF DEATH	76. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED DIVORCED RISING HOME OR OTHER INSTITUTION	9. BALTIMORE CITY OR COULD	Pe County MD.
ours offer in by the filed will	Bal USUAL RESID	DENCE IF NURSING HOME OF	BOLE COLLER OTHER INSTITUTION, GIVE RESIDENCE	THE GEN. HOSP.		(Clife) INDUSTRY
rLAND:	130. STATE		1t, Cate	130. INSIDE CITY LIMITS? YES NO NO 15. MOTHER'S MAIDEN NA	13. STREET ADDRESS Sut	er Rd. 728
MAR ed w	16a WAS DEG	HOUIS REASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL	SEQURITY NO. 17. INFORMANT	1e ENDO	VSEY LAST
icate be execut ficate be execut hysician and co papers. Pages 1 naval.	18 CA	0	nly ane couse per line far (a), (t	4-4333 Wee A. 1	Miles (husban	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TON ST., oth certific ending ph e carbon p in, ar remo	-	2502 IMMEDIA	DUE TO, OR AS A CONS	EQUENCE OF		
that the de that the de d by the ot ease remov od, crematic	gove	itions, if ony, which rise to immediate (a), stating the tying cause last.	DUE TO, OR AS A CONS	EQUENCE OF		
RDS, 20		OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER		
AL REC AL REC The low tion. The low tion. The hos be tip permit giene pring hows on	STIFIC	TE OF OPERATION		HICH OPERATION WAS PERFORMED	YES NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
N OF VI	OR COL	CIDENT WAS UNDERLYING THE CAUSE OF DE THE NOTIFY MEDICAL EXAMINE TO THE CONTROL OF THE CONTROL O	HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM	
DIVISION DING PHY or after this se as the bu ofth and M marked or	AT WOR	NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	FICE, FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE , 19 3, that (I) (we) last
OR ATTENDIN or ATTENDIN or DIRECTOR: Af oched for use o Dept. of Health	0		of the body ofter death.	DEGREE		
by the by the ERAL State	22d. PH	HYSICIAN'S NAME (TYPE		22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	2-8-83
To To Show with MP	Zin Bulliate	HASSEM	L 23b. DATE	23. NAME OF CEMETERY OR CREMATORY	23d. LOCATION VITY OR TOWN	Mcounty hugan STAN
BP DHMH - 16 50M 4/B2 (VRA 15, 4)	GEO	DURIAL 198 P.Sr	2-12-83	NOCUST CERNETERS N. Wash. ST 130. DA SKU Ille, Md. 2015 F	THE REC D. BY REGISTRAR 256 JEE EB 1 7 1983	GISTRAR'S SIGNATURE



8		FOR STATE REGISTRAR			NENT OF HE	ALTH AND MENT	Н	8 3 REG. NO.	03	345	
		CEASED NAME FIRST ORPRINT) ROBEI (Mole	RT L 14. RACE white	•	M / L S. DATE OF MONTH			TE OF DEATH M	^	4-P3 IF UNDER I YEAR MONTHS DAYS	8 30 / IF UNDER 24 HRS HOURS MIN.
denth marcal		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WH	9.	MARRIED WIDOWED G HOME OR	NEVER MARRIE	9. BALT ED 9. BALT ED 12a US	TIMORE CITY OR SUAL OCCUPATION OF WORK FOR MOST OF	ope N	COUNTY 12b. KIND S	M F BUSINESS OI
24 hours of filled in by the ould be filled must be hotil	USU/ 13a S	AL RESIDENCE (IF NURSING HOME O TATE, 13b, COU	ROTHER INSTITUTION, GIVE	REVIDENCE BEFORE	ADMISSION) N NOLL	3d. INSIDE CITY LIA YES NO [AITS? 136. STI	REET, ADDRESS	Kes	Av.	21234
campletely 1 and 2 sh	14 FA	THOMAS	MIDDLE	Mile	5	5. MOTHER'S MAIE	112	WIDDLE		BA	RNSS
be execution and co		VAS DECEASED EVER IN U.S. AI	RMED FORCES?	SOCIAL SECUI	6390	7. INFORMANT	LY REC	ADDRES	S		4
that the death certificate do by the attending physici lesse remove carbonsopper ial, cremation, or removal. or other troumatic event, the		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS	ardia s a conseque en evel s a conseque	1200	Attend	y ar	rosë)		10	gw.
in. has been signe has been signe permit. Then p permit to bur ows any injury, it	CERTIFICATION	PART 2. OTHER SIGNIFICANT AT PROPERTION 190. DATE OF OPERATION 2-4-3	196. CONDITION	SOR WHICH	10.0	WAS PERFORMED	20a YES	AUTOPSY?	206 IF YES IN CERTIF YES	i, WERE FINDI YING CAUSES	
DING PHYSICIAN: The or attending physicion or attending physicion after this certificate I eas the buriel-transit oith and Mental Hygie marked or Item 18 sho	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINI 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. 21e PLACE OF	MONTH DA	19	211. LOCATION STREET	OCCURRED (EN	FITY OR TOW		COUNTY	STATE
. OR ATTEN he haspital DIRECTOR: fached for us boept, of He If them 21 is		22a.1 certify that (1) (this hasp saw the deceased alive a above, (1) (we) (did) (did a 22b. SIGNATURE	1 - d - d	19 5		that in (my) (our) of the state	DING MED				that (1) (we) lose couses stated E SIGNED
TO HOSPITAL TO FUNERAL should be dete with the State		70 PHYSICIAN'S NAME (TYPE	donez-Sm	ith M	1D.	22e. ADDRESS	seph /	tospital!	Tox	son.	Md.
BP	B	BURIAL, CREMATION, REMOVA SPECIFY) DRIAL		. 0	ARKWO		ETERY (LOCATION DCHY OR TOWN PARKY IN	32	BALTO	
DHMH - 16 50M 4/82	24 FI	JNERAL DIRECTOR	7110811	ADDRESS		R.	FFR 2	5 1983	REGIST	RAME SIENA	LICE

MILES. ROBERT L SIOBS 10 NO. 10 NO.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		DEPARTM		HEALTH AND MENTAL HYG	REG. NO.	0 3) j	44	0
Ī	DECEASED NAME FIRST (TYPE OR PRINT) Heste:	r	MIDDLE		ller	February 21		YEAR	26 HOUI	R P _M
ŀ	J. SEX	4 RACE	24		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)		RIYEAR	IF UNDER :	
	Female	White		мом	H DAY YEAR	06	MONTHS	DAYS	HOURS	MIN.
7	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVERMARRIED	96 9 Baltimore City or Co Baltimore				MD.
1	O. CITY OR TOWN OF DEATH TOWSON	"Valle	SA CHATCHALLINE	ursin	9	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK COmpanion	12b		F BUSINE	
1	USUAL RESIDENCE (IF NURS) 130. STATE Md	DITHER INSTITUTION	Baltimor		13d. INSIDE CITY LIMITS? YES (A) NO []	13e. STREET ADDRESS 853 W 35th	Street	212	11	
-	4 FATHER'S NAME FIRST Daniel Howai	nd Hoov	er	Fry	15. MOTHER'S MAIDEN NA/ FIRST Margare	MIDDLE		LAST		
1	(YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES?	166 SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDRESS				
1	No	WAR OR DATES	212 05 8	1947	Betty Brown	3321 Chestnu	t Aven	ue 2	1211	
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying course last. PART 2. OTHER SIGNIFICANT CO. 17s. DATE OF OPERATION 21s. ACCORNT WALUNDERSTEID	DUE TO, O	anit_	NCE OF	Dohy do	120s AUTOPSY? INs.	IF YES, WERE	FINON	GS USED	
1	RTIFIC	10		-		YES NO	ERTIFYING C		NO D	2
		HOUR A		Y YEAR	THE HOW INJURY OCCURS	RED (shates mature on misses on its	M IS PART I DE	1487.21		
	OF CONTRBUTING TO TAKE OF THAT THE STREET, RIGHTY OCCURRED THE STREET, RIGHTY OCCURRED AT WORK OF A STREET, RIGHTY AT WORD OF A STREET, RIGHTY AT WORK OF A STREET, RIGHTY AT WORK OF A	714 PLACE (A) HOME ST	OF INDURY	AM ETC.)	TH LOCATION	CITY OR TOWN	100	INTY	31	AlE
	77n 1 certify that (1) (this haspit saw the deceased alive as above, (1) (we) adial idial not 77h. SKONATURE	view the Lody			ALIENDING PHYSICIAN	MEDICAL STAFF	220		CC - I - I - I - I - I - I - I - I - I -	
1	Dr. Vuona Vu				6331 Belai	r Road	St V	1		
L	BUPLAL BURIAL CREMATION, REMOVAL	2/25/	100000		cy's Cometery	Baltimore	= Ma	arvl	and	AN
2	4 FUNERAL DIRECTOR NAME Burgee Funeral	Home 3	631 Falls	Road		B 2 5 1983	GISTRAR'S S	IGNATE C	IRE	1

NAME

Burgee Funeral Home 3631 Falls Road 21211

DHMH - 16 50M 1/81 (VRA 15, 4)

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(VRA 15, 4)

STATE OF MARYLAND

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2	1 - STATE REGISTRAR	· ·	DEPARTA	NENT OF HEALTH CERTIFICATI	AND MENTA		8 3 REG.	NO.	3 3	4 3
	DECEASED NAME	FIRST	WIDDLE	MOCKEY	TOTUG	2 a.	DATE OF DEATH		DAY YEAR	2b. HOUR
G 97	3. SEX	VINCENT 14. RACE		MOCKEY		4.0	GE (IN YEARS LAST E	2	5 83	M IF UNDER 24 HRS
ofte	Male		ite			893	90	YRS.	MONTHS DAYS	HOURS MIN.
BA	COUNTRY)	OREIGN 76. CITIZEN O	F WHAT COUNTRY?	8 MARRIED D	EVED AA A DDIE	9.8	ALTIMORE CITY		OFDEATH	
TAIN	Lithuania	Li	thuania	WIDOWED 1	DIVORCE		Baltimo	ore Co	unty	MD.
	Catonsville		HOSPITAL, NURSIN UCH FACILITY, GIVE STREET, Symingto	GHOME OR OTHI ADDRESS) On Avenue	R INSTITUTIO	N I2a.	USUAL OCCUPA PE OF WORK FOR MOST Cailor	TION FOF WORKING LIE	12b. KIND OI INDUSTRY Calver	t Coat
of experimental benefit of the state of the	USUAL RESIDENCE (IF NURSI 130. STATE Maryland			ADMISSION)	SIDE CITY LIMI	ITS? 13e	STREET ADDRESS	ymingto	on Avenu	ie 2122
0.30	4. FATHER'S NAME UNKN	O M MIDDIE	LAST	15. MC	THER'S MAIDE				LAST	
medical	(YES, NO OR UNKNOWN)	N U.S. ARMED FORCES?			ORMANT			RESS	3-3-6	
# e # =		(Enter anly one cause po	216-05-50		in E. Di	umsha	133 N. S	Syming		nue 2122
rgiene prior to buriol, cremotion, or re shows ony injury, or other troumotic e	Conditions, if any, gove rise to imm couse (a), stating underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERAT	which ediate at the lost. (c) DUE TO, (c) IFICANT CONDITIONS (INC.)	DITION FOR WHICH	MEATH BUT NOT RE	LATED TO THE	E TERMINAL	0a AUTOPSY? ES □ NO 🗗	20b. IF YES	S, WERE FINDING CAUSES (GS USED
10.00	OR CONTRIBUTION TO C	AUSE OF DEATH HOUR	OF INJURY A.M. MONTH DA	Y YEAR	OW INJURY O	CCURRED	ENTER NATURE OF IN.	JURY IN ITEM 18 P	PART 1 OR PART 2)	
marked or Hem	TIF EITHER, NOTIFY MEDIC 21d. IN JURY OCCURR WHILE NOT WHI AT WORK AT WOR	ED 21e. PLACE	P.M. E OF INJURY TREET, FACTORY, OFFICE, FA		CATION STREET		CITY OR 1	rown	COUNTY	STATE
f Hem 21 is	sow the decease	this hospital) attended to diplive on d) (did not) view the boo	- 3 100	DEGREE	n (my) (our) op		to Z =	date and hav	19 7 , t or and from the c	
with the State C	Jorge H.	Smith, M.D.			PHYSICI DDRESS 03 N. Re		EDICAL ST. RECTOR PHYS	ICIAN	12-1	75
3 4 7	(SPECIFY) Burial			orraine I	ark		Woodlaw	22	altimore	
A 4/82	Hubbard Fune	ral Home 1	Inc 4105	21229 Wilkens) 25 Ave. 25	FEB	9 1983	R 256 REGIST	RAR'S SIGNAC	Rewell

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V		OR PRINT)	F 10 10	٨٥٣٣١١					OORHE		7	OF	ESTI- H MATED			. 07	28 HOUF
1	SEX		4. RACE	ABETH 5. DATE OF	BIRTH		AGE (IN YE	ARS IF UN	OOREH	IF UNDER	24 HRS.	2c. DA		MON	2 26	5 1983 AY YEAR	2d HOU
١	F	emale	White	1.2/1	1/192		55 Y		S DAYS	Hours	MIN.	PRONO!	UNCED		2 26	5 1983	7:10
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L		YORTOWN		11 NAME (SUCH FACILI	ITY, GIVE STREE	T ADDRESS)	E, OR OTH	ER INSTITU	NOITL		UAL OCC	UPATION ORKING LIFE)	(TYPE OF W	ORK 17b.	OR INDUST	
		gers F	orge	6473	Blen	heim	Rd.	2121	2		Sp	ech	Audia	Logis	t B	alto (Co.
13	a. ST.	ATE	136 COUN	NTY	1	13c. CITY OF	RIOWN	,	13d INSIDE			EET ADD					
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		no, or onkno	WIN) (IF YES, GIVE	WAR OR DATES		114-2	22-60	63 M	r.Wm.	W. M	loorh	ead-	6473	Blen'	heim	Rd.	21 21 2
F		18 CAUSE O	F DEATH (Enter or ATH WAS CAUSE	nly one couse		r (a), (b), a	nd (c).)		V.							APPROXIMAT	E INTERVAL T AND DEATH
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		SO 3	ns, if any, which		TO, OR AS	A CONSE	OUENCE	OF									
1		gove ris	e ta immediate stating the under-	(b)	0.00.40	A CONSE	OUENCE	0.5						-	-		
		lying cau		DOE	O, OR AS	A CONSE	QUENCE	OF									
		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO	D DEATH BUT	NOT RELATED	TO THE TERM	IINAL DISEASI	OR CONDING	ON GIVEN IN PA	RT 1 (a)						
	NO.																
	S	19a. DATE OF	OPERATION	19b C	ONDITIO	N FOR WH	IICH OPER	M NOITA	AS PERFO	RMED?					20	AUTOPSY	?
	CERTIFICATION	al- EVTER	L CAUSE WAS		1115 65	Lucioni		10:			400	4				YES 🔀	NO 🗌
		UNDERLYING	OR	HOU		NONTH D		21c. HC	OW INJUR	Y OCCURRE	D (ENTER	NATURE OF	INJURY IN ITE	M 18 PART 1	OR PART 2)		
	žΙ	THE INTERPRET	NG CAUSE OF		P.M.	INJURY (19 AT HOME,	211 LO	CATION								
	ME	WHILE AT WORK	NOT WHILE [Y, FARM, ETC.]			TREET			CITY OR	TOWN		COUNTY		STATE
	1						1 11		y X.								
1		death resulte	fy that I taak charged from: Notice	ge at the rema	7	ccident	7	Autap	y LΔJ, Homi	Inspection		Inquir termined i	,	ond in m	ny apiniar	1	
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		ACTUAL SIGNATURE	III	M	0			M		istan	T MED	ICAL EXA	AMINER	D/ SI	ATE GNED_	2-26-	-83
1		EXAMINER'S	NAME	wen!	· ·		-							1.4	-1 0	1001	
1		TYPE OR PRIN	Ann Ann		kon,	M.D.			ADDRESS_	111 P) , M	a. 2	1201	
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Owings Mills. Md.

FOR

- STATE

DHMH-16 30M 2/B0 (VRA 15, 4) REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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	How my te	Larcant Santon			
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	more than the				

PLACE (STATE OF N.COUNTRY) TYLAND RIOWN OF DE PLACE (STATE OF N.COUNTRY) TYLAND SIDENCE (IF IN N. N.COUNTRY) R'S NAME FIRST Frank DECEASED EVE O, OR UNKNOWN) NO CAUSE OF DEA	EATH 11 1 TO E NURSING HOME OR OR OR 13b SUNTY ER IN U.S. ARME I IF YES, GIVE WAR ATH (Enter only or WAS CAUSED B IMMEDIATE Of the immediate on the under-	MED S J R DATE OF BIRTH MONTH DAY 1 3 18 b. CITIZEN OF WH, USA II. NAME OF HOSP (IF NOT IN SUCH FACT 7614 BE) DITHER INSTITUTION, GIVE LTLM OK AND FORCES? AR OR DATES) One couse per light BY: CAUSE (a) (b) (b)	PITAL, NURSING HOME CRITY, GIVE STREET ADDRESS) A bikow Rd E RESIDENCE BEFORE ADMISSIN JAC CITY OR TOWN LAST Zengel 166 SOCIAL SECURITY none FOR (a) (b) and (c).) AS A CONSEQUENCE OR AS C. V. L.	ABS FUNDER 1 AMONTHS DAN WIDOWED E, OR OTHER INS: 21237 ON) 13d. INS YES 15. MC YNO. 17. INF E1	PIFICATE OF YR. IF UNDER 24 YS. HOURS A NEVER MARRIED DIVORCED TITUTION TITUTION TOTHER'S MAIDEN Cather FRST Cather Cather Cormant Lmer E.	DEATH 20. DATE KN OF E DEATH M. HRS. 21. DATE PRONOUNCE DEAD 9. BALTIMOR 10. USUAL OCCUPAT FOR MOST OF WORKING 10. STREET ADDRESS 7614 MIDDI TIME	MONTH PFEBIG ECITY OR COUNT THE OF WORK BUTTON ABIKO E ADDRESS 614 Bab	19 1983 1993 11Y OF BEATH 12b. KIND OF BUS OR INDUSTRY homemal	37
PLACE (STATE OF PLACE	EATH 17 TO STATE OF THE STATE O	DATE OF BIRTH MONTH DAY 1 3 18 1	PITAL, NURSING HOME PITAL, NURSING HOME ILLITY, GIVE STREET ADDRESS) A DIKOW Rd E RESIDENCE BEFORE ADMISSING BALL LAST Zengel 166. SOCIAL SECURITY none FOR (a) (b) and (c) (c) A S CONSEQUENCE (c) A S C U L	ARS FUNDER 1 AV) AND MONTHS DAI NOTHER INS' 21237 ON) 13d. INS' YES 15. MC	VR. IF UNDER 24 VYS HOURS A NEVER MARRIED DIVORCED TITUTION II NOT THER'S MAIDEN FRST Cathe: Cormant Liner E.	PRONOUNCE OBALTIMOR PRONOUNCE	OWN MONTH STI- STI- STI- STI- STI- STI- STI- STI-	19 1983 ITY OF DEATH CCO ITEM CONTROL INDUSTRY homemal Loeffle: 21237 ikow Rd	MD. NESS
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DATE OF OPER	RATION	196 CONDITI	ION FOR WHICH OPER	ATION WAS PER	FORMED?			20 AUTOPSY?	
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EXTERNAL CAL	USE WAS	21h TIME OF		21c. HOW INJ	URY OCCURRED	ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR P		-
	OR CAUSE OF DEA		MONTH DAY YEAR	1		Manage .			
INJURY OCCU	IDDED	21e PLACE O		21f. LOCATION	V				
HILE NO	T WHILE	STREET, FACTO	ORY, FARM, ETC.)	STREET		CITY OR TOWN	CC	YTHUC	STATE
WORK - AT	WORK					× .	1		
22e. I certify tho	t I toak charge o	of the remains descri	cribed obove, held an	Autopsy L	. Inspection	Inquiry 2	, ond in my a	pinion	
	m: Natural	couses V	Accident Sui	icide 🔲 , H	omicide .	Undetermined manne	er L,	. 1	
eoth resulted for	26.4				LE (SPECIFY)		DATE	2/19/0	2
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AMINER'S NAMI PE OR PRINT) _ AL, CREMATION, TO AL RAL DIRECTOR	, REMOVAL 23b.	2-23-83	23c. NAME OF CEA	ADDRE METERY OR CREA S OF Fa	SS 13/1	CITY OR TOWN	R SIGN R M I	UNIY STAT	TE .
AMINER'S NAMI	,REMOVAL 23b.		23c. NAME OF CEA	M.DADDRE	SS 13/1	MEDICAL EXAMINI WESTE -KEYSULL 23d. LOCATION CITY OF TOWN	R SIGN R M I	JNTY STAT	TE .
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3	1	FOR STATE REGISTRAR		DEPARTM	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		3 3	5 2
noy be page 3		CEASED NAME FIR		MIDDLE I	MONIC	AST A	20. DATE OF DEATH	2-14-83	YEAR 21	7:03am
ge 4 moy	3. SE	x emale	4. RACE White		5. DATE O	25°, 1909°	6. AGE (IN YEARS LAST BIR	YRS.	The state of	FUNDER 24 MRS
od Po	1	RTHPLACE (STATE OR FOREIG COUNTRY) ranton, Pa.	76. CITIZEN OF USA	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O BALTIMORE	R COUNTY OF	EATH	MD.
S offer d		TOWSON 2120	. TIF NOTAN SUG	HOSPITAL, NURSIN		DR OTHER INSTITUTION	12a. USUAL OCCUPAT LIVE OF WORK FOR MOST O HOMEMAKET	ION DE WORKING LIFE)	L KIND OF E	BUSINESS OR
filled in rould be to must be	13a.	AL RESIDENCE (IF NURSING H STATE 13b	ome or other institution. COUNTY Baltimore	GIVE RESIDENCE BEFORE 13c CITY OR TOW ESSEX 2		13d. INSIDE CITY LIMITS? YES NO K	130 STREET ADDRESS 1000 Fran	ıklin Ave	. 2	1221
ond 2 st	14. F/	Joseph De	lonti	LAST		15. MOTHER'S MAIDEN NA	rite	Bisignar		
ficate be execut hysician and co papers. Pages I loval.	16a \	VAS DECEASED EVER IN U	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	188 12 8		Mary A. Rich	ardson, Daug		Lto.,	an Ct. Md. 212
ires that the death cer gned by the attending in please remove corbo buriol, cremation, or re ty, or other troumotic e		Canditions, if any, whis gove rise to immedia cause (a), stating to underlying cause la	ich (b)	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERM	NNAL DISEASE OR CON	DITION GIVEN IN	PART I/O	
The low required in the state of the state o	CERTIFICATION	CHRONIC C		OITION FOR WHICH		CYSTITIS N WAS PERFORMED 216 HOW INJURY OCCUR	200 AUTOPSY? YES NO X	20b. IF YES, WEIN CERTIFYING YES	CAUSES OF	
IG PHYSICIAN: Tothending physici profiled in this certificate is the buriol-transit on and Mental Hygurked or Hem 18 sh	MEDICAL C	OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX 21d INJURY OCCURRED WHILE AT WORK AT WORK	OF DEATH HOUR A. (AMINER) P.	.M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F.	19	21f. LOCATION STREET	CITY OR TO		OUNTY	STATE
ALOR ATTENDING the hospital or ALDIRECTOR: Af eroched for use of the Dept. of Health is if them 21 is mo		220.1 certify that (4) (this saw the deceased of obove, X (we) (did) (22b. SIGNATURE)	hospital) attended the live on 2- (XXI) view the body			, 19 83 nd that in (m) (our) opinion DEGREE ATTENDING PHYSICIAN (MEDICAL STA	FF	from the course DATE SK	GNED
TO HOSPITAL (retained by the TO FUNERAL Eshould be deton with the Stote Elimportant: if		224. PHYSICIAN'S NAME B. DEL CA	(TYPE OR PRINT) RMEN, M.D.			22e ADDRESS	RK ROAD TOWS			-03
Bb of skilling M	23g	BURIAL, CREMATION, REM	OVAL 236. DATE 2/17	/83 Ga	rdens	emetery or CREMATORY of Faith Cem	23d. LOCATION CITY OF DAILY PETERY Balt	imore Co	o., Md	STATE
DHMH - 16 50M 4/B	24 F	LDIRECTOR	auf	DA JAPAN	ma F	25a. 25a.	B 1 5 983	251 REGISTRAR	JEN CHI	tield

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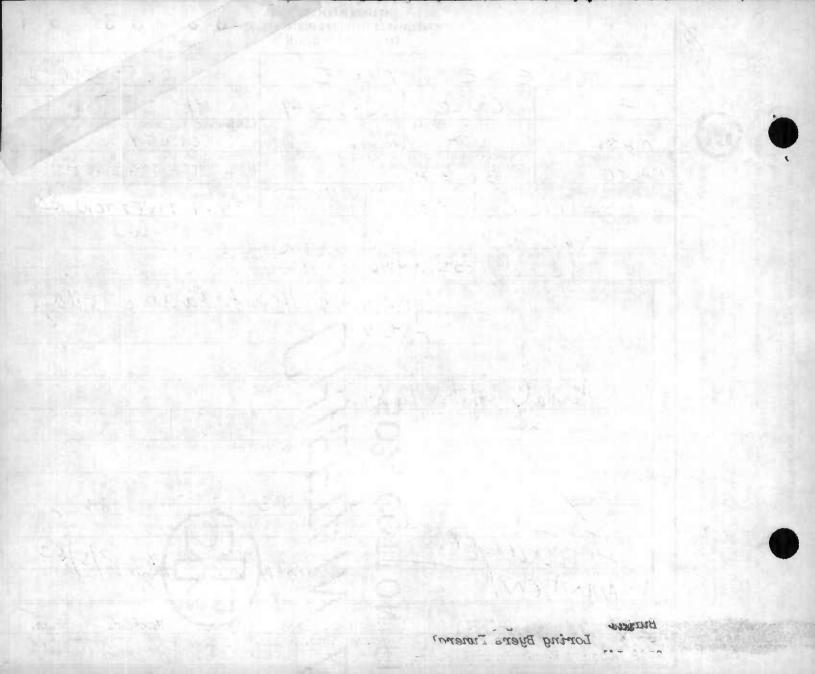
8728 Liberty Road Randallstown, MD. 21133

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE Males Sans Francisco

16	1.	FOR STATE REGISTRAR	DE	PARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	(GIENE - & S	0 3	3 5 4
• w t		CEASED NAME FIRST	MIDDLE	00.6	AST		MONTH DAY YEAR	26 HOUR
tor, page 3 ofter deoth	3. SE.	MINN,	1. RACE	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNER I YEAR MONTHS DA	
deorth. Page	70.8	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	MARRIE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
ofter de	10.C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		The state of the s	120. USUAL OCCUPATI	, _ ,	of Business or Mill
filled in to ould be fi	13a. S	AL RESIDENCE (IF NURSING HOREO STATE TO COU assachusetts H	NTY 13c, CITY O	E BEFORE ADMISSION) R TOWN ngfield	136. INSIDE CITY LIMITS? YES NOOD			99999 01119
ond 2 sh	14. FA	ATHER'S NAME FIRST FAMUND	J. Bitgood	ST	15. MOTHER'S MAIDEN N	J. MIDDLE	Lewis	LAST
Poges 1		VAS DECEASED EVER IN U.S. AI yes, no or unknown) (IF yes, GI NO		1 SECURITY NO.		Earle He rr t on Road Ran		MD. 21133
that the death certificate by the attending physic cose remove corbon pape b), cremation, or remaval r other froumatic event, th		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS) 42.72 IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	nly one cause per line for (o), ED BY: DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	Confloration l	hive He	out fair	line 3	ROXIMATE INTERVAL EN ONAST AND DEATH
been signed nit. Then ple rior to burio iny injury, or	CERTIFICATION	PART 2. OTHER STONE ICANT	Tigh CONDITION FOR	Mah	m	RMINAL DISEASE OR CON	DITION GIVEN IN PART	
hos hos	RTIFIC,					YES NO	IN CERTIFYING CAUS	
og phys certifica rial-trar entol Hy frem 18	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	H DAY YEAR		JRRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART	2)
attendii ter this as the bu h ond M	MED	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn county	STATE
TOR: Affor use of Healt		220.1 certify that () (this hasp sow the deceased alive a	17		od that in (my) (our) opinio	n death accurred on the de	19 0 A	the couses stoted
y the hos RAL DIREC detoched cate Dept. VT: If Item		22b. SIGNATURE	ayly		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	F × 2/	5/83
FUNE FUNE FUNE Puld be the Sid		22d-PHYSICIAN'S NAME TYPE	OR PRINT)		22e ADDRESS BOLL	to Wigen.	Hosb.	
BP		BURIAL, CREMATION, REMOVA SPECIFY BURY	2-8-83	Agawa	emetery or crematory m Cem. Asso	Agawam	Hampden	Mass.
MH - 16 50M 4/82	24 F	UNERAL DIRECTO Foring	Byers Funera	Directo	rs, Inc. 250 D.	ATE REC'D. BY REGISTRAR TO 1983	256 REGISTRAR'S SIGN	ATURE COLLEGE



Sterling Juneral Estate

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

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signed by the attending physicion and campletely filled in the hen please remave carbon papers. Pages 1 and 2 should be fill

1	1-	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR STATE CERTIFICATE OF DEATH REG. NO.								
		CEASED NAME OR PRINT) Ma	FIRST ry	Isabel Mudd				Feb. 4, 1983		
3	3. SE	Female		White		5. DATE O		4 AGE (IN YEARS LAST BIRTHD	MONTHS DAY	
5	10. CI	RTHPLACE (STATE OR F COUNTRY) Maryland ITY OR TOWN OF DEA Cowson	Missio	HOSPITAL, NUI	WIDOWE	ROTHER INSTITUTION	Baltimore County MD 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) MIDUSTRY Mission Helper Religious			
5	13a. S	AL RESIDENCE (IF NURS STATE Md. ATHER'S NAME	other institution give residence before Abmerty 131. CITY OR TOWN Towson			13d INSIDE CITY LIMITS? YES NO X	(Sister) 13e STREET ADDRESS 1001 W. Jo	21204	Order	
C		Vathanael	WIDOFE	Muc	ld		R. Richards Mudd			
	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV			RMED FORCES? VE WAR OR DATES) 166 SOCIAL SECUR 220-54-5			Mission Helpers of Sacred Heart			21204
	7	PART I. DEATH WAS CAUSED BY: 12 92 IMMEDIATE CAUSE (A DUBLICA OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)								
9	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPER,					RATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO			
7	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21b. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.				19	21c HOW INJURY OCCURR 21I LOCATION STREET	RED (ENTER NATURE OF INJURY III CITY OR TOWN		STATE
		22a. I certify that (I) (this hospital) altended the deceased from sow the deceased alive on								
	0.2	Charles F. O'Donnell, M.D. 7501 York Rd.								
	230 B	Burial, Cremation, Removal Burial					t Cemetery	Towson,	Balto.,	Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been

Lemmon-Mitchell-Wiedefeld, Inc. 10 W. Padoll 9 1983

9 1983

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(VRA 15, 4)

VANS FUNERAL CHAPEL

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 7h HOUR TYPE OR PRINTS 22 1983 Ethel Romaine Neary Feb. SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER LYFAR MONTH 191 9 63 Female White Aug. To BIRTHPLACE I STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY USA Balto. County Md. DIVORCED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
2300 Chetwood Circle, 21093 (TYPE OF WORK FOR MOST OF WORKING LIFE)
Homemaker INDUSTRY Timonium SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c. CITY OR TOWN 2300 Chetwood Circle, 21093 Md. Balto. Timonium 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Campbell Pauline Douglas Leon 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 16b SOCIAL SECURITY NO IYES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-07-1213 Thomas R. Neary, 2300 Chetwood Circle 21093 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) HOUR A.M. MONTHE DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION

ATTENDING.

Dulaney Valley Ceme. Timonium

CITY OR TOWN

STATE

22a 1 certify that (1) (this haspital) attended the deceased from_ sow the deceased alive on _____obave, M) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE 22c DATE SIGNED

NOT WHILE

Nathan M. Rosenblum, M. D.

2/25/83

22e ADDRESS

7600 Osler Dr., Towson, Md. 21204

DIRECTOR PHYSICIAN

STAFF

Balto.

23c. NAME OF CEMETERY OR CREMATORY

(VRA 15, 4) Lowell Lemmon, 10 W. Padonia Rd. 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR

MEDICAL

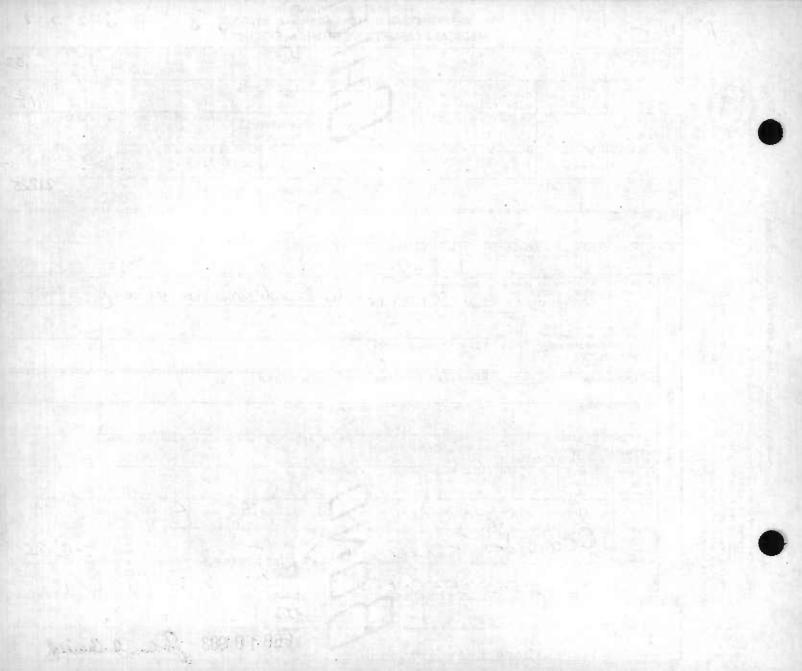
Md.

DHMH - 16 50M 1/81

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STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-EUBERGER 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS SEX 2c. DATE LAST BIRTHDAY PRONOUNGED APR.12,1903 79 FEMALE WHITE In BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY! BALTIMORE COUNTY GERMANY IISA DIVORCED IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS ST. JOSEPHS HOSPITAL HOUSEWIFE TONSON BALTO. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) JARRETTSVILLE 13a. STATE 13b. COUNTY PHOENIX 13d INSIDE CITY LIMITS? RT. 1, BOX 119K MARYLAND BALTIMORE 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME 8. GIVE PAGES 1, WITH FORM PM. II. PAGES 1 AND DIVISION OF WITH MIDDLE JOSEPH UNKNOWN UNKNOWN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT RENE NEUBBROSER (YES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) MONKTON, MD 21111 212-28-3718B 15601 CARROLL RD. NO 18 CAUSE OF DEATH (Enter only one cause per line for (a) PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE. IMMEDIATE CAUSE (o DUE TO, OR AS & BURIAL - TRANSIT Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO OR lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL ED AS A E CERTIFICATION USED AS 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21201 PRIOR TO BURIAL, 6 PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK NOT WHILE AT WORK Inspection A 22a I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinion Accident Hamicide Undetermined manner EXAMINER'S NAME CHARLES T. O'DONNELL, M.D. (TYPE OR PRINT) ADDRES! 230 BURIAL, CREMATION, REMOVAL 236 DATE FEB. 3, 1983 131. NAME OF CEMETERY OR CREMATORY CHEVRA AHAVAS CHESED RANDALLSTOWN COBALTO. RP 6010 REISTERSTOWN RD 1250. P. **DHMH-17** - BALTO., MD21215 (VR A15 ME (5) 15M 2/80

in in fine franchist.

TO FUNETAL DIRECTOR. After this certificate has been signed by the attending physicion and camplet in the latest of the burial-transit permit. Then please remove corbonopers. Pages 1 and 2 the latest begins and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, ar other traumatic event, the medical

1-	FOR STATE REGIST
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3. SEX	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		1				

250 DATE REC'D BY REGISTRAR 256 (EGISTRAR'S SIQUALITY)

		REGISTRAR				CERTII	ICATE OF DEA	in		REG. NO).		
		CEASED NAME OR PRINT)	Ruth		I rma	NEUBE	RT		Februa			83	9:18 P
	3. SEX	Female		White		S. DATE C	6, 1898	YÉAR	6. AGE (IN YEARS	LAST BIRT		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
5		RTHPLACE (STATEOR	Md.	b. CITIZEN OF USA		MARRIE		CED 🗌	Baltimore Balti	_	_		MD.
7	Ro	ssville 2	237	(IF STEEL MAN	kI'in 'S	q. Allospi	R OTHER INSTITU	TION	Seamstr				ing Mfg.
5	130. S	AL RESIDENCE (IF NURS TATE Tyland	13b CQUNT		12 CITY OR		13d. INSIDE CITY I	LIMITS?	13816 Su	RESS B Gr	ave F	Rd. 21	221
20	14. FA	John R.	Neis	IDDLE	LAST	T	15. MOTHER'S MA			IDDLE		LAS	To.
	16a. W	VAS DECEASED EVER		ED FORCES? WAR OR DATES)			17 INFORMANT Eunice	Ford,	Daught			e Grove	
	NOI	Conditions, if ony, gove rise to imm couse tol, stoturunderlying cause	, which mediate ag the last.	(b) DUE TO, O	r as a cons	EQUENCE OF	NOT RELATED TO	THE TERMI	NAL DISEASE O	r cone	DITION GIV	VEN IN PART TIC	o,
2	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORME	D	200 AUTOPS	Y?		S, WERE FINDIN FYING CAUSES IS []	
7	MEDICAL CER	210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH	,	m. Month m.	DAY YEAR	21¢ HOW INJUR	Y OCCURR	ED (ENTER NATURE	OF INJUR	Y IN ITEM 1B P	PART I OR PART 2)	
	ME	WHILE NOT WE	HILE	(AT HOME, STE	REET, FACTORY, OF	FFICE, FARM, ETC)	STREET	0.2		TY OR TOV		COUNTY	STATE
		22a I certify that of saw the deceose abave, (*L(we) (*				19 <u>83</u> , or	d that in (ny) (our					r and from the	
		22b. SIGNATÜRE	albe	itklin	_ M		PHY:	NDING _	MEDICAL DIRECTOR	STAF PHYSIC	FIAND	TAP.	SIGNED S3
1		Alber	t Lee,				22e. ADDRESS 9000	Frank	lin Squa	re	Dr.,	21237	
		Burial CHEMATION	REMOVAL	2/18	/83		EMETERY OR CREA		23d LOCATIO		nd Co	COUNTY	STATE

runeral Home PA 1407 Old Eastern Ave. FEB

DHMH - 16 50M 1/B1 (VRA 15, 4)

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2000	3 SEX		White	5. DATE OF MONTH	CDAY	YEAR 1919	6. AGE (IN YE. LAST BIRTHD)	MONTH		HOURS	24 HRS. MIN.	2c. DATE PRONOUN DE AD	NCED	MON		23 19 E		7:19 A
W.	FO	RTHPLACE (STAREIGN COUNTRY) Marylan		7b. CITIZEN		AT COUNT	RY?	8. MARRI WIDOW	D X NEV	ER MARRI	-	9 BALTIM	altim	-	UNTYC	OF DEAT		WD
N TEM TOWN THE ROLL IN THE WAY	R	andalls	town /	(IF NOT I	N SUCH FACI	ILITY, GIVE STR	SING HOME REET ADDRESS) nty Ge				FOR	MOST OF WOR	PATION (TYPE OF WO	ORK 12b.	OR IND	USTRY	
RETAIN FOULD FECOR	USUA 130. S	TATE Md.	FIN NURSING ACC	OME OR OTHER INSTITUTION OF THE PROPERTY OF T	TUTION, GIVE	13c. CITY C	efore admission of town sourg		13d INSIDE (II	TY LIMITS?	13e. STR	REET ADDRE	ess Mans	Cour	t	210	04	8
A PM 3.		THER'S NAME Willi	am ·	James MIDDLE	Noor	nan	AST		I	Pelma	N NAMI	Mar		Br	eig	hner		
AGES L	16a. V	VAS DECEASED ES, NO, OR UNKNOW Yes	EVER IN U.S.	ARMED FORCE GIVE WAR OR DATES! WW II	S?)		18-529		I7. INFORM		J. 1	Noona		F Le				48
W. John J. P. W. J. W. W. J. W. W. J. W. W. J. W. W. J. W. W. J. W. W. J. W. W			TH WAS CAL	r only one couse USED BY: DIATE CAUSE (c				homos	hnoid	homo	mush -				-	APPROX BETWEEN	IMATE IN	ND DEATH
RED "PENDING" IN PENCIL IN ITEM IS THIEF MEDICAL EXAMINER ALONG USED AS A BURIAL -TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, TRIAL, CREMATION, OR REMOVAL.		gove rise couse (o) s lying couse	, if any, who to immeditating the underlost.	hich (bder-) DUE	TO, OR A	AS A CONS	SEQUENCE (OF OF										
MEDICA MEDICA AS A BU EALTH A CREMA	NO	PART 2 OTNER SIGN	HIFICANT CONDITI	IONS CONTRIBUTING	TO DEATH BU	UT NOT RELATI	EO TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN PAI	BT T (a)							
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ARTMENT OF TO BIC	100	216. EXTERNAL UNDERLYING CONTRIBUTIN	OR G CAUSE	OF DEATH	30.M.	MONTH 1/1	L9/19 8	3 Si	bject			NATURE OF IN	JURY IN ITEM	4 18 PART 1 C	OR PART 2))		
AGE 3 SE ATE DEP	MEDICAL	21d INJURY OF WHILE AT WORK		ST		ORY, FARM, ETC	(AT HOME,		ATION REET Centr	al La	undr	CITY OR TO		svil	COUNTY Le	Carı	r. (STATE O . M.C
PAGE 4 SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR: PAGE 3 SHOULD AFFED BEALT WITH THE STATE DEPARTMENT BALLIMORE, MARYLAND, 21201 PRIOR TO THE STATE DEPARTMENT OF THE DEP		226 I certily death resulted ACTUAL SIGNATURE	that I took ch	horge of the	or	04	held on Su	top:	Homici		Unde	Inquiry termined mo	onner	ond in m			24/	83
GECUTE TI GE 4 SF FUNER FTER DEA	/	EXAMINER'S N (TYPE OR PRIN	'/	homas D	. Smi	th, N	M.D.	0	DDRESS	111		nn St.	• Ba	ilto,	MD.			
55/	{5	URIAL, CREMATI	ON, REMOVA	1.400.0	6,198		AME OF CEA				CITY	OCATION OR TOWN	lle.	Carr	Oll	, Md	STATI	
DHMH - 17 /R A15 ME (5))	24. FI	117-2	blan	. //			ls, Md				REC'D. B	registra 1983		GISTRAR		NATURE	A	5

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. Jer. 25, 1965 Lette 1400 Menoteral Peris Colored in 1961, 25. net. A SAME OF THE PARTY OF THE PART

STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH DECEASED NAME 2b. HOUR TYPE OR PRINT S. 24 83 Elizabeth 7:15A Norris 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX June 20, DAY 1904 EAR White 78 Female BIRTHPLACE (STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pennsylvania U.S.A. Baltimore County WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE)
Homemaker Towson Greater Baltimore Medical Center USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
1136. COUNTY
130. CITY OF TOWN Baltimore 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13801 York Road 21030 Maryland Cockeysville NO PA YES [15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Gertrude Kirkpatrick William Sailer A. 16b. SOCIAL SECURITY NO. ADDRESS 17 INFORMANT Ida WAS DECEASED EVER IN U.S. ARMED FORCES? Mrs.Betty N. Govatos 3367 Harness Creek Rd (IF YES, GIVE WAR OR DATES) 216-46-3056 Annaporomat which 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Widely metastatic colonic carcinoma vears DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION Chronic obstructive pulmonary disease 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES X NO YES X NO F 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNTY CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 2/21 2/24 83 22a.1 certify that (1) (this haspital) attended the deceased fram, _19<u>83</u>, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 2-24-83 PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 6701 N. Charles St. Towson, MD 21204 Robert A. Palermo, M.D. 230 BURIAL CREMATION REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 2-28-1983 Druid Ridge Pikesville Maryland

DHMH-16 30M 2/80 (VRA 15, 4)

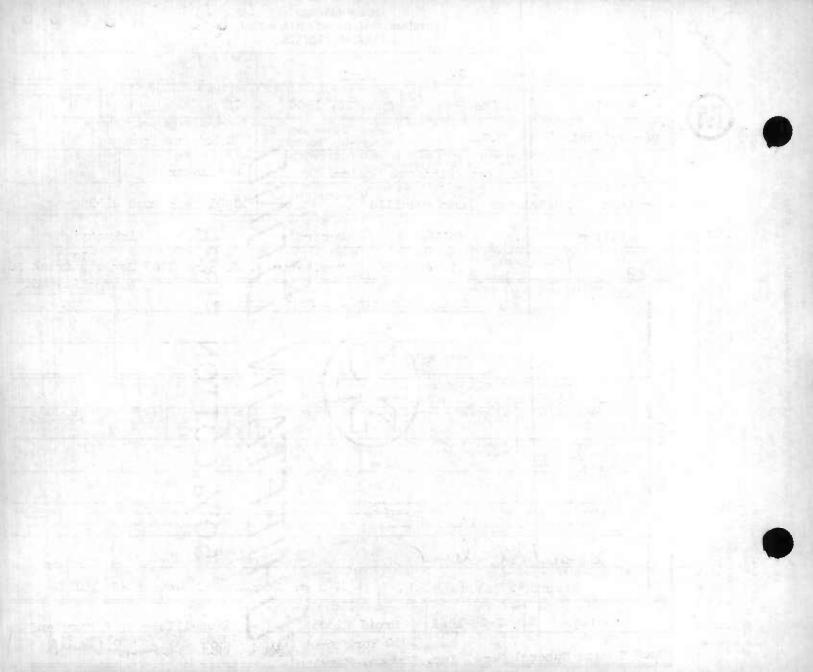
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24 FUNERAL DIRECTOR ADDRESS 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Maryland

250. DATE REC'D. BY REGISTRAR 36 REGISTRAR'S SIGNATUR



5	1.	FOR STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG IFICATE OF DEATH	SIENE 8 3	3 3 6 4
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	76 B	TTALY	U.S.A. WIDOV	IED NEVER MARRIED D	Baltimore city or county Baltime	
by the fired within	1	ingsville	1. NAME OF HOSPITAL, NURSING HOME 11904 Bluestone	OR OTHER INSTITUTION Road	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LEF-	12h. KIND OF BUSINESS OR
thin 24 ho y filled in ould be fill	USU 13a	AL RESIDENCE (# NURSING HOME OR C STATE ALL COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION IN TOWN Balto.	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 212 632 S. Newk	224 Irk Street
S Se S	14 F/	ATHER'S NAME		IS MOTHER'S MAIDEN NA	ME	
D 200	7	Theodore MI	Notarangelo	Maria	MIDDLE	Donzella
9 0- 6	160 V	VAS DECEASED EVER IN U.S. ARM res, no or unknown) (# yes, give v	NED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	21204
certificate be exphysician and papers. Pages removal.		No.	213-09-3707	Mary Campa	igna, 1102 Cond	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
requires that the death cert n signed by the attending ph Pen please remove carbon pa to burial, cremation, or rem y injury, or other traumatic	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF	D A JI NOT RELATED TO THE TERM	at follows	
AN: The law an. cate has bee it permit. Tr ygiene prior 18-shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	IDI-CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
PHYSICIAN: The right physician. this certificate has urial-transit permit when the permit remains the permit	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTWY MEDICAL EXAMINER)	21b TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 19	R	RED (ENTER NATURE OF INJURY IN ITEM 18, P.	ART I OR PART 2)
JING PH tending I After thi the buri, h and Mi	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
hospital or at hospital or at DIRECTDR: hed for use as Dept. of Healt If Item 21 is 1		22a certify that (1) (this haspital sow the deceased alive on obove (1) we wild (did not)	~ ~ 11	and that in (my) (our) opinion	death occurred on the date and how	19 , that (1) (we) lost r and from the causes stated
		228. SIGNATURE 1 Villa 228. PHYSICIAN'S NAME (TYPE OR)	Typen N	DEGREE ATTENDING PHYSICIAN E 1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	2-26-83
TO HOSPITAL etained by the TO FUNERAL should be detact with the State I MIMPORTANT:		William A	Tyson	BOX 158	111-17/11	1087 md.
BP	23e. (BURIAL, CREMATION, REMOVAL SPECIFY Burial	0 /0 /00	CEMETERY OR CREMATORY Redeemer Cem	234 LOCATION CITY ORTOWN	COUNTY STATE
DHMH-16 25M (VRA 15, 4) 1/79	9.7	UNERAL DIRECTOR	ADDRESS 21		EB 28 1983	RAR'S SIGNATURE

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20M 4/82

STATE OF MARYLAND

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STATE OF MARYLAND

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BP DHMH - 16 50M 4/82 (VRA 15, 4)

Burial 2/9/83 24 FUNERAL DIRECTOR Martin D. Lawson, 10 W. Padonia Rd. 21093 FEB

Md. Balto.

06

83 IF UNDER 1 YEAR

2b. HOUR

9. BALTIMORE CITY OR COUNTY OF DEATH

126 KIND OF BUSINESS OR

Clothing 21030

10306 Malcolm Circle Apt. B

Umona

BETWEEN ONSET AND DEATH

STATE OF MARYLAND

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

YES [

NO [

COUNTY STATE

and that in (nx) (aur) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED

GBMC-6701 N. CHARLES ST. 21204

Dulaney Valley Ceme.

to er Commune et id a de 1.77 middle the war wards . The state of the stat inc. of the property of the second contract o 11-22-2723 mrs - - - - - - 1030601 100m 20142 Luci 2 - 3 must nev ment a community and the hartin R. Lawinn, 16 W. Padris v. 210:34 Ell DECL Medical

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

26 HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO I

STATE

STATE

COUNTY

22c. DATE SIGNED

IF UNDER I YEAR

INDUSTRY

20 DATE OF DEATH

DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

REGISTRAR

DECEASED NAME

ACCRET PARKS PRODUCT 1, 1985 Tentral 12 15 1926 56 YEAR SELECTION ROTARIOSTE MARTINE ALANO, DAGE ON N. C. STANDER THEY MATTERS CARCELLY OF THE PROPERTY OF THE PROPER KONEAH PER 20 0691 CELEGOAL GROOLE VANC, FORT HOWARD, MARTEAU

THE MALE S BY THE STATE OF THE

SINENCE STAN, E.D.

V.A.K. D., FORT HOUSE, MINISTRE 21052

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(VRA 15, 4)

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11.	1	FOR	DEPAI		E OF MARYLAND HEALTH AND MENTAL HYG	IENE 8 3	0	3	5 7 0
10		STATE REGISTRAR			FICATE OF DEATH	REG. N	10.		14
4		CEASED NAME FIRST	WIDDLE	19.XX.91	LAST	20. DATE OF DEATH	MONTH D	AY YEAR	26. HOUR
leoth the		CARR			ECK			4 183	9:55A M
(BA)	3. SE		4. RACE	5. DATE (6. AGE (IN YEARS LAST BI		IF UNDER I YEAR	HOURS MIN.
TATE	2 0	Female	White	Jan.	14, 1888	95	YRS		
371	/a B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY			
E X	20 0	Delaware	USA	WIDOW		BALTIMORE 120, USUAL OCCUPAT			MD.
56	,	TOWSON	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR GREATER BALTO	MED.	CENTER	Type of work for most. Homema	OF WORKING LIFE		
35	13a. S	AL RESIDENCE (IF NURSING HOLE OF TATE TO THE COU	R OTHER INSTITUTION, GIVE RESIDENCE BEINTY 130. CITY OR TO	NWC	138. INSIDE CITY LIMITS?	13e. STREET ADDRESS 2960 Wyn	nan Pa	nkway	21211
ne ge		THER'S NAME		11101 0	15. MOTHER'S MAIDEN NAM	ME	ici i i c	ii ixvvas	/ 21211
50/		Martin	O. Benjam	in	Fannie	WIDDLE		oust	51
0		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE		17 INFORMANT	ADDR		-oust	
P	(,	res, no or unknown) (IF yes, GI	IVE WAR OR DATES) 213 74	5579	Mr. H. B.	Peck.	Tows	on A	AD
the the	7 8		inly one cause per line far (a), (b),		1 144 6 (14 0.	T COIL,	TOVVS		KIMATE INTERVAL ONSET AND DEATH
vent, th		PART I. DEATH WAS CAUSE	FD BY:		RY ARREST				Oliger And Octain
ar re		2639 IMMEDIA	3						
ian,		Conditions, if any, which	DUE TO, OR AS A CONSECUTION OF THE RESERVE OF THE R	RONCHOP	NUMONIA (PROB	ABLY ARPIRA	TION P	NEUMON	HA)
er tro		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	DIJENCE OF	THE RESERVE OF THE PERSON OF T				
ath a		underlying cause last	MALNUTRI	TION,	DEHYDRATION				
ilury, a	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	0
any in	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES,	WERE FINDI	NGS USED
8	JFIC.					YES NOM	IN CERTIFY YES		S OF DEATH?
or them 18 short	CERI	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURE	74			
Item 1		OR CONTRIBUTING CAUSE OF DE		DAY YEAR					
å l	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f. LOCATION	CITY OR TO		COUNTY	STATE
ked	X	WHILE NOT WHILE D	(AT HOME, STREET, FACTORY, OFFK	CE, FARM, ETC	STREET	CITY OR TO)WN	COUNTY	STATE
and a			oital) attended the deceased from	2/20	19.83	10 2/24	, 1	983	thotale (we) last
21 is		saw the deceased alive as			nd that in (my) (our) opinion (death occurred on the d	ate and hour	and from the	causes stated
ept.	No.	22b. SIGNATURE	or view the body offer death.	7	DEGREE			22c. DATE	SIGNED
te D		anita -	Palt my)	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN FX	2/2	24/83
ANT		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS	J DIRECTOR EL TITUS	- IAIT (ZA		.,, 00
IMPORTANT		ANITA PATT,	M.D.		GBMC - 6701 I	V. CHARLES	ST 21	204	
¥ ¥	23o. I	BURIAL, CREMATION, REMOVAL		C NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	01. 21		-
		Burial	2/28/83		ine Park	Balto.		COUNTY	STATE
1 1 100			y W. Jenkins		250. DAT	E REC'D. BY REGISTRAF	256 REGISTR		
4 4/82 4)	10	05 York Road		212		3 2 5 1983	John	go Ca	helf
		W. TOLIS ISOUG					-		

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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35					CEKTIF	ICATE OF DEAT	IH	6	REG. NO.			
35	1. DECEASED NAME (TYPE OR PRINT)	FIRST CATH	ERINE	MARIE		PELIKAN		20. DATE OF DE		DAY	YEAR 83	26 HOUR
35	. SEX	011212	4 RACE		5. DATE C			6. AGE (IN YEARS		IF UND	DER I YEAR	IF UNDER 24 H
	Fema1		Whi	lte	2		05	77		MONTH		HOURS M
	Maryland	ATE OR FOREIGN	76 CITIZEN OF W		MARRIE WIDOWE	D NEVER MARR		9. BALTIMORE (Balt:		NTY OF D		
\$5	Randallst	own	Baltimor	e County	Gene	eral Hosp	ital	12a. USUAL OCC	UPATION MOST OF WORKI	NG LIFE) IN		BUSINESS
354	USUAL RESIDENCE (130 STATE Maryland	136 COU!	OTHER INSTITUTION, G NTY Arunde	36 CITY OR TOW	N		2	7858 C	rilley	Road	210	061
20	FATHER'S NAME C1em	ment	WIDDLE	Willi	İs	15. MOTHER'S MA	known		DDIE		Stast	evenso
2 Junedicol	160 WAS DECEASED (YES, NO OR UNKNOW NO		MED FORCES? 1	820-03-2		Mary E1	izabe		an 250	Cha	21146 rita	
s any injury, ar ather traumatic		any, which immediate stating the cause last.	DUE TO, OR (b) DUE TO, OR (c) CONDITIONS CON	AS A CONSEQUE CO BAB AS A CONSEQUE AS A CONSEQUE TRIBUTING TO D	NCE OF DEATH BUT	MYOCAL MYOCAL — AZI NOT RELATED TO T	2 WILL THE TERM	THMI	PARCT R CONDITION	GIVEN IN	E FINDIN	
sed or Item 1	OR CONTRIBUTION (IF EITHER, NOT III 21d. INJURY OC	AS UNDERLYING G CAUSE OF DEA TY MEDICAL EXAMINER CCURRED NOT WHILE AT WORK	P,M 21e PLACE O	. MONTH DA	19	211. LOCATION STREET	OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM	YES [R PART 2)	NO _
E	220.1 certify the	eceased alive an we) (did) (did no	tal) attended the	- 19 9			apinion d	eath occurred on MEDICAL DIRECTOR	2 - 7 the date and		fram the c	
IMPORTANT: If them 21 is	22d. PHYSICIAN	S NAME (TYPE O	PRINT)	4		22e ADDRESS	mole		PHYSICIAN []	1/25	2 -	7-8

DHMH - 16 50M 1/81 (VRA 15, 4)

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retained by the haspital or attending physician.

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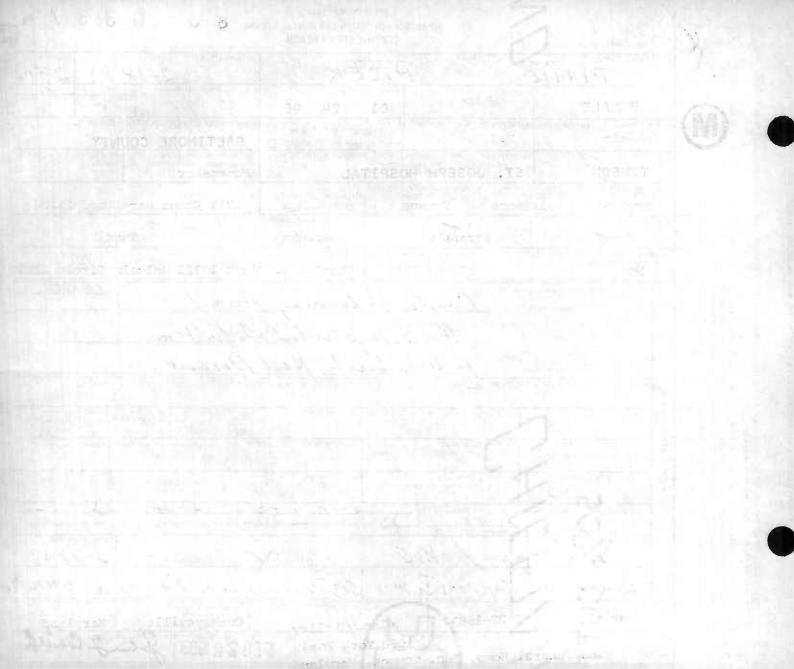
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DIVISION OF VITAL RECORDS,

STATE OF MARYLAND



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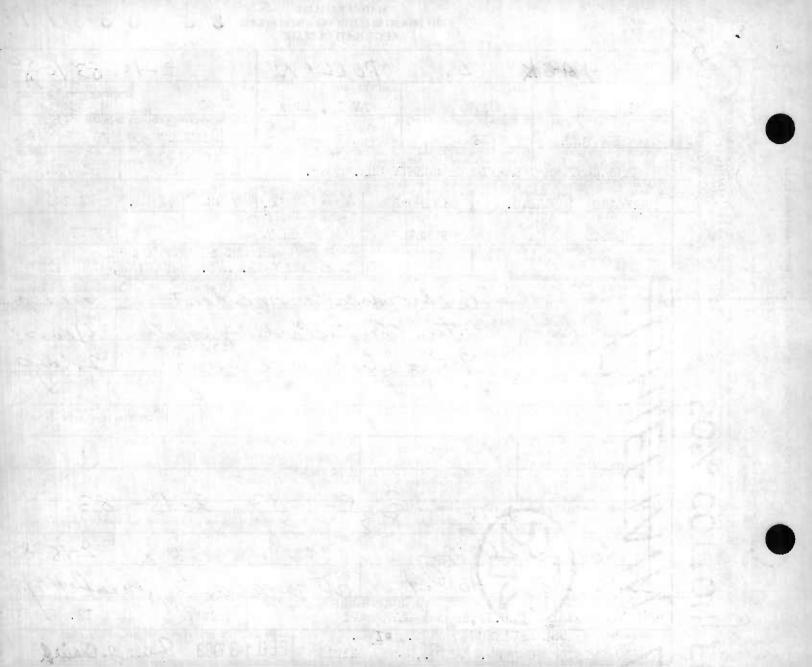
STATE OF MARYLAND

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6010 REISTERSTOWN RD. BALTO., MD

(VRA 15, 4)



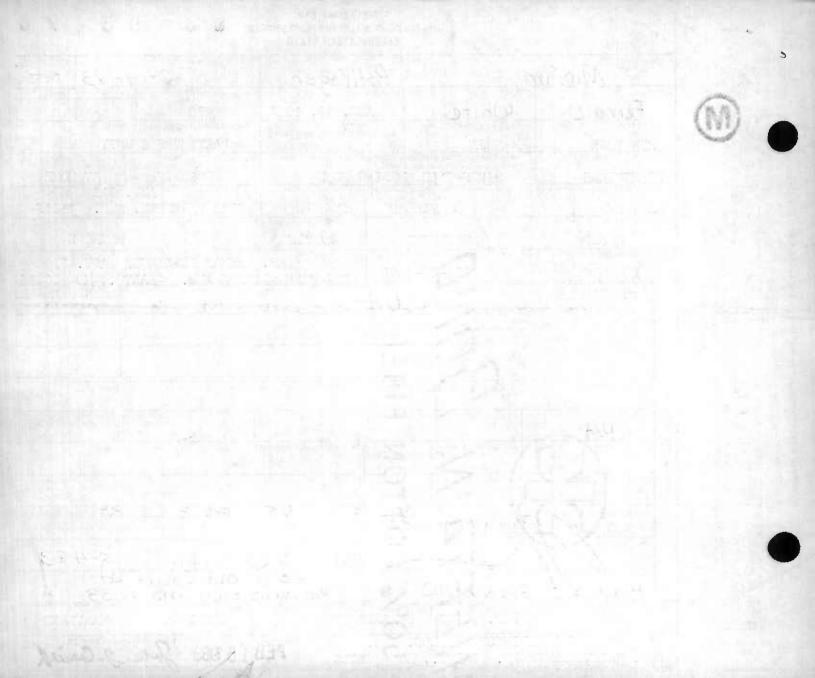
FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CERTI	ICATE OF DEA	• • • • • • • • • • • • • • • • • • • •	REG. N	0.		
		CEASED NAME FIRST		MIDDLE	0	AST		20 DATE OF DEATH	MONTH !	DAY YEAR	26 HOUR A.
	3 SE	/VIIrjar	4 RACE		5. DATE C	JIMGET DE BIRTH J		AGE (IN YEARS LAST BIR	CHDAY)	1 - 80 IF UNDER 1 YEAR	7:55 M
		Female	(1)h	ito.	MONTH	UG. 18, 1	YEAR	78		MONTHS! DAYS	HOURS MIN.
0		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTR		XXX NEVER MARK		BALTIMORE CITY		OF DEATH	
7		NEW YORK	US	A	WIDOWE			BALTIMO	DRE CO	UNTY	MD.
0	P	IKESVILLE	(IF NOT IN SUC	ESVILLE	NURSIN	OR OTHER INSTITUT		20. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSE)	F WORKING LIF	E) INDUSTRY	HOME
5	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR ARYLAND	OTHER INSTITUTION. NTY	130 CITY OR TO BALTI	NWC	13d. INSIDE CITY L YEXXX NO		3e STREET ADDRESS 5715 PARI	APT (HTS.		21215
0	8	JOSEPH	-	HUDKOWI'	ΤZ	15. MOTHER'S MA MARSI	-IA	WIDDLE		UNKNOW	WN
2			MED FORCES?	166 SOCIAL SE 214-22		17 INFORMANT	MR.	HERMAN POI	LINGE	R APT	. 713
		NO 18 CAUSE OF DEATH Enter on	lu one souse nos			5715 PAI	K HEI	GHTS AVE.	BAL	TO MI	21215 IMATE INTERVAL ONSET AND DEATH
	NOI	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT ((b),	R AS A CONSEC	DUENCE OF	NOT RELATED TO 1	THE TERMIN	I AL DISEASE OR CON	DITION GIVI	EN IN PART 10	a
?	CERTIFICATION	190. DATE OF OPERATION	196 CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORME	D	20a AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	
ì	MEDICAL CER	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 218 INJURY OCCURRED	1 HOUR A./ 1 P./ 21e. PLACE C	M. MONTH M. DE INJURY	19	211. LOCATION	OCCURRE	D (ENTER NATURE OF INJU			
	¥	WHILE NOT WHILE AT WORK	(AT HOME STR	EET FACTORY, OFFIC	E, FARM, ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
	0	220.1 certify that (I) (this beat saw the deceated alive of above, (I) (we) and (during	trended the	deceased from	C (2)		opinion de	oth occurred on the d	ote and hou		that (I) (we) lost couses stated
		22b. SIGNATURE	1	1300		MID PHYS	IDING ICIAN	MEDICAL STAI		224. DATE	1
		HOW ARD 5	GARRE		(Reh)	Ran Ran	dall:	old Co stown, r	nd a	-Rel 21133	
	(SPECIFY) BURIAL	FEB.6	,1983	SHAARE	EMETERY OR CREM		BALT M		COUNMAR	YLANDATE
		INERAL DIRECTOR SOL I	EVINSON N RD.	& BROS BALTO.,	S. INC. MD 2	1215	FEB	1 5 1983	John	LARS SIGNAT	with

DHMH - 16 50M 1/81 (VRA 15, 4)

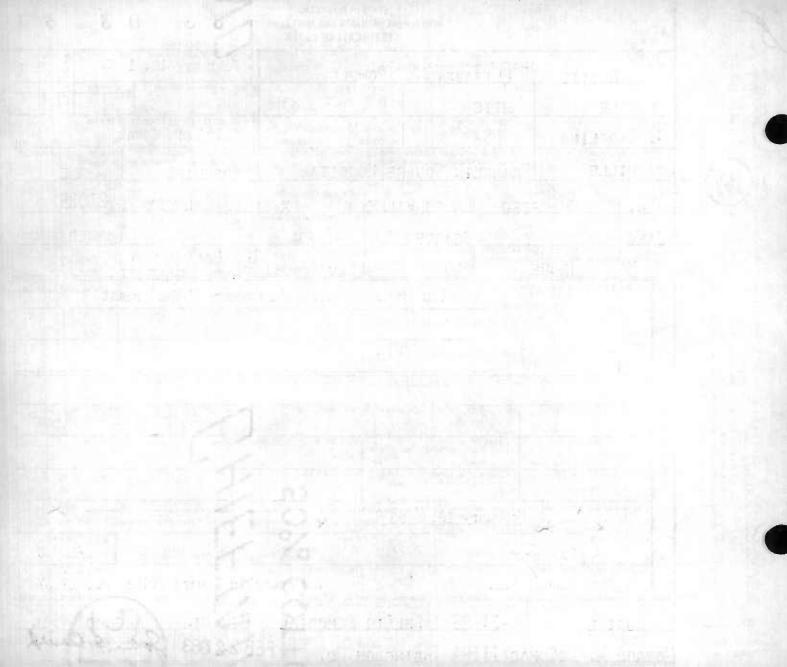
MPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event



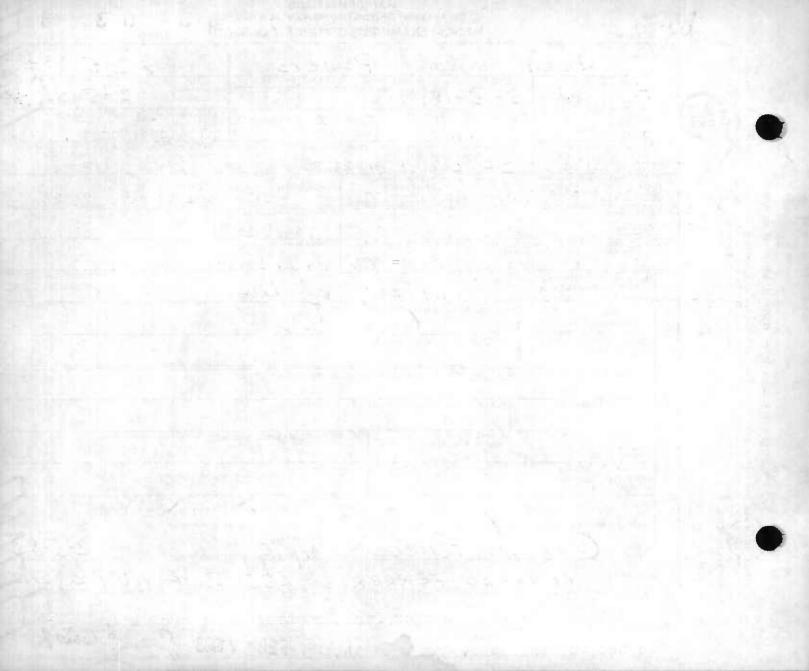
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	10000	REGISTRAR	F FIRST	ME	MIDDLE	EXAMIN	EK 3	LAST	AIEU		DATE KNOW	G. NO.	ITH DAY	YEAR	26 HOUR
Т		E OR PRINTS						that			OF ESTI-		TH DAT		ZB_HOUR
	3 SEX		MAR I O	15. DATE OF BIRTH	CLAIR	6 AGE (IN YE		OTIS	E LINDED (DEATH MATE	MONT	28	19 83	2d. HOUR
1		emale	White	MONTH DAY	YEAR	LAST BIRTHD	AY) MONT		HOURS		ONOUNCED	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, LAN	6:30
L				Feb.11,1		47 Y	RS.				DEAD BALTIMORE C	2	28	1983	D M
	I	TINOI	S	U.S.A.	HAT COUR	NIRY?	8. MARR WIDOW	IED 🛣 NEVE	ER MARRIE DIVORCE	ED 🔲	Baltimo	_		DEATH	ME
Ī	10 C1	TY OR TOWN	OF DEATH	11. NAME OF HOS			, OR OTH	IER INSTITUTIO	ON	120. USUAL	OCCUPATION	(TYPE OF WO	RK 12b. K	IND OF BU	JSINESS RY
		Reister		532 Chur	ch Ro				130	Hous	of working life	.,		P1 140-010	
	USUA 13a. S		(IF IN NURSING HOME OF 13b. COUN Balto		13c. CITY	BEFORE ADMISSI OR TOWN		13d. INSIDE CITY	LIMITS?	13e. STREET	ADDRESS 2 Charc	Chur Roa	ch d	2113	36
F	14. F/	THER'S NAM		MIDDLE	19200			15. MOTHER	'S MAIDE	N NAME	WIDDLE			LAST	
-		Pete:	r	WIDDLE	Schmi	dt		Ann			MIDDLE	01	Brier		
1	60. V	AS DECEASE	DEVER IN U.S. AR	MED FORCES?		CIAL SECURIT		17. INFORMA	ANT	5	32 Chur	Ch Ro	ad		
	("	NO ORUNKNO	JAN (IF YES, GIVE	WAR OR DATES!	345-	-28-672	3	John H	R. Po	tis	Reister	stown	. Md.	100	
-		18 CAUSE C	OF DEATH (Enter on	ly one couse per line	for (o), (b), ond (c).)								APPROXIMATI	E INTERVAL
		PART I DI		TE CAUSE Suba			morri	nage					BEI	WEEN ONSE	T AND DEATH
		43	310 mmedia			NSEQUENCE									411
1			ns, if ony, which												
ŀ			se to immediate) stating the <u>under</u> -		AS A CO	NSEQUENCE	OF				EN EVN				
1		lying co	use lost.	(6)											
ı		PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT REL	ATEO TO THE TERM	IINAL DISEAS	E OR CONDITION G	GIVEN IN PAR	T 1 igi.					
ı	Z														
1	ATI	19a. DATE OF	OPERATION	19b. CONDI	TION FOR	WHICH OPER	ATION W	AS PERFORM	ED?			=	20	AUTOPSY	?
	IFIC													YES X	NO 🗆
1	CERTIFICATION		AL CAUSE WAS	21b. TIME O			21c. H	OW INJURY C	OCCURRED) LENTER NATO	JRE OF INJURY IN IT	EM 18 PART 1 O			
	ALC	UNDERLYING	OR NG CAUSE OF	DEATH P.W		DAY YEAI	<								
	MEDICAL	21d INJURY	OCCURRED	21e PLACE	OF INJURY	(AT HOME,		CATION							
	X	WHILE AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, I	ETC.)		STREET		C	ITY OR TOWN		COUNTY		STATE
		ATTORK	AT WORK					sy X.							
				ge of the remains de			Autop	-	Inspection		Inquiry L.,	ond in my	y opinion		
-		deoth result	ed from: Natu	rol couses 🔼,	Accident	LJ, Su	iicide	, Homicid		Undeterm	ined monner	<u></u> ,			
ı		ACTUAL	1	11 ()	2			TITLE (SPE		1		DA	TE -	7 1 0	7
1		SIGNATURE	//	VIX	0	-	N	Assi	isian	1_MEDICA	LEXAMINER	SIC	GNED.	3-1-8)
+		EXAMINER'S (TYPE OR PRI		M. Dixoh	, M.D			ADDRESS1	111 P		t., Bal	to., 1	Md. 2	21201	
1			TION, REMOVAL					R CREMATOR		23d. LOCA	OWN		COUNTY	S	TATE
		Burial		Mar.3,198	3 Ev	ergree	n Mer	norial	Gard	ens Fi	nksbur	g, Car	rroll		
	24. FI	11/3	000	ADDRESS				25	a. DATER	AR PRE	GISTRAR 256.	REGISTRAR	SSIGNA	TURE	ild
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				STATE OF MARYLAND	
	6		FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8	3 8 1
	0		STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	0 0 1
		-	CEASED NAME FIRST		DAY YEAR 76 HOUR
	1.3	(TYP	Jeal Jeal		1.00
	OR DES				5 1983 PM
	ECTOR ECTOR FILES HOURS	T(SE)	4. RACE		DAY YEAR 24. HOUR
	× 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Per	nale White	5-5-5-15 67 YRS. HOURS MIN PRONOUNCED Z-S	5 1983 7FM
	SSA A A	7a. B	RTHPLACE (STATE OR	Th CITIZEN OF WHAT COUNTRY?	
	NECESSARY FUNESSARY		REIGN COUNTRY)	MARRIED & NEVER MARRIED .	
	E FUNESCARY PIEASE E FUNESCARY PIEASE E FUNESCARY PIEASE ITREE ITR		node Island	O.D.A.	KIND OF BUSINESS
	SER SE SON			(IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)	OR INDUSTRY
	SEPRO		atonsville	Z 6 Locust Dr. 21228 Housewife	Home
	H. IF ANY DELAY IS NE 7. 2. AND 3 TO THE FU 7. 3. RETAIN PAGE 2. SHOULD BE FILED (AL RECORDS, 201		AL RESIDENCE (IF IN NURSING HOME O TATE 113b. COUN	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
21201	A Z E B D D Z Z	Ma	aryland Balt	imore Catonsville 13d. INSIDE (ITY LIMITS? 13d. STREET ADDRESS 26 Locust Drive	21228
2	AL 84	-	ATHER'S NAME	115, MOTHER'S MAIDEN NAME	21220
WD	3 5 J		FIRST	MIDDLE LAST FIRST MIDDLE	LAST
	PAGES 1 ORM PA ORM PA ORM PA ORM PA ORM PA			bert Rutledge Patricia F	Baldwin
NO NO	FTER DE FORM FORM ON OR	16a. V	VAS DECEASED EVER IN U.S. ARA	AED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS WAR OR DATES)	
BALTIMORE,	A S I D S		No	N/A 212-10=3391 Wm. A. Powers Same as #	£13
8	HOURS A 18. GI AG WIT MIT. PA		18. CAUSE OF DEATH (Enter onl	y one couse per line for (g) , (b) , and (b) .	APPROXIMATE INTERVAL
ST.,	HOUI N 18.		PART I DEATH WAS CAUSED	OBY: Circumitation of live	BETWEEN ONSET AND DEATH
Z	24 H ITEM ITEM ITEM GIENE		5715 IMMEDIAT	Due To, or as a consequence of	
STC	A I A I	13.	Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	
OC	A A NEW A PER CALL		gove rise to immediate	(b) US Q Q R 978)227	
```	JTED WITHIN 24 HO V PENCII. IN ITEM I STAMINER ALONG IAL-TRANSIT PERMI MENTAL HYGIENE, OR REMOVAL.		couse (a) stating the <u>under-</u> lying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST.,	OUD BE EXECUTED WITHIN 24 HOU "PENDING". IN PENCIL IN ITEM 18, 18E MEDICAL EXAMINER ALONG V. SED AS A BURIALTRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D. CREMATION, OR REMOVAL.		Tying couse tost.	(c)	
S,	NA BE	15	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
ORD	D BE EX ENDING MEDICA AS A I SALTH A EMATIO	Z			
EC.	ULD BE EXE "PENDING" FE MEDICA SED AS A B HEALTH AL CREMATION	1 8	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
4	SHOULD DRD "PER CHIEF A E USED OF HEA IAL, CRE	2	THE DATE OF OFERATION	HIL CONDITION ON WHICH OPERATION WAS PERI ORMED!	IU. AUTOPST?
7	WORD WORD THE CHI LD BE US BURIAL,	E			YES NO
OF.	AEN BUR	l iii	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR.  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
N	THE TO TH	1	UNDERLYING OR CONTRIBUTING CAUSE OF D		
ISIC	ED 1 ED 1 S SH S SH S SH S SH S SH S SH S SH S	MEDICAL CERTIFICATION	21d. INJURY OCCURRED	21e. PLACE OF INJURY (ATHOME, 21f. LOCATION	
DI V	ROE 3	Ξ	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNT	y STATE
	ER: THIS CERTIFICATE SI ATE. WRITING THE WOR ORWARDED TO THE R: PAGE 3 SHOULD BE RESTATE DEPARTMENT ( ), 21201 PRIOR TO BURIA		AT WORK — AT WORK		
	ATE S		22a. I certify that I took charg	e of the remains described above, held an Autopsy 🔲, Inspection 🔑 Inquiry 💆 and in my opinio	on
	N N N N N N N N N N N N N N N N N N N		death resulted from: Notur	ol couses X; Accident , Suicide , Homicide , Undetermined monner ,	
	EXAMINER: CERTIFICATE JLD BE FOR DIRECTOR: WITH THE ARYLAND, 2			TITLE (SPECIFY)	2 = 03
	WAY.		SIGNATURE CO NI	-ecto Peuclo M.D. Deku & MEDICAL EXAMINER SIGNED	2-5-65
	SH SH SH	1	JONATORE	MEDICAL EXAMINER SIGNED	
	MEDIC CUTE T SE 4 S FUNER FUNER FUNER		EXAMINER'S NAME ( )	VRADO FERREROADDRESS 5550 BOLLO NIC.Y	:Ka 21228
	TO MEDICAL EXAMINER: THIS CERTIF EXECUTE THE CERTIFICATE, WRITING TPAGE 4 SHOULD BE FORWARDED TO TO FUNERAL DIRECTOR: PAGE 3 SHO AFTER DEATH, WITH THE STATE DEPAR BALTIMORE, MARYLAND, 21201 PRIOR T	-	(TYPE OR PRINT)		
	B > 4 2 E 4	73a.B	URIAL, CREMATION, REMOVAL 2	CITY OR TOWN COUNTY	STATE
	BP			2/8/83 Loudon Park Cemetery Baltimore City.	Maryland
	DHMH - 17	24. F	UNERAL DIRECTOR	ADDRESS 250. DATE REC'D. BY REGISTRAR 725 REGISTRAR'S SIGI	STURE.
	(VR A15 ME (5)) 15M 7/76	IM	acNabb Funera		comme
	/		WASOT !		

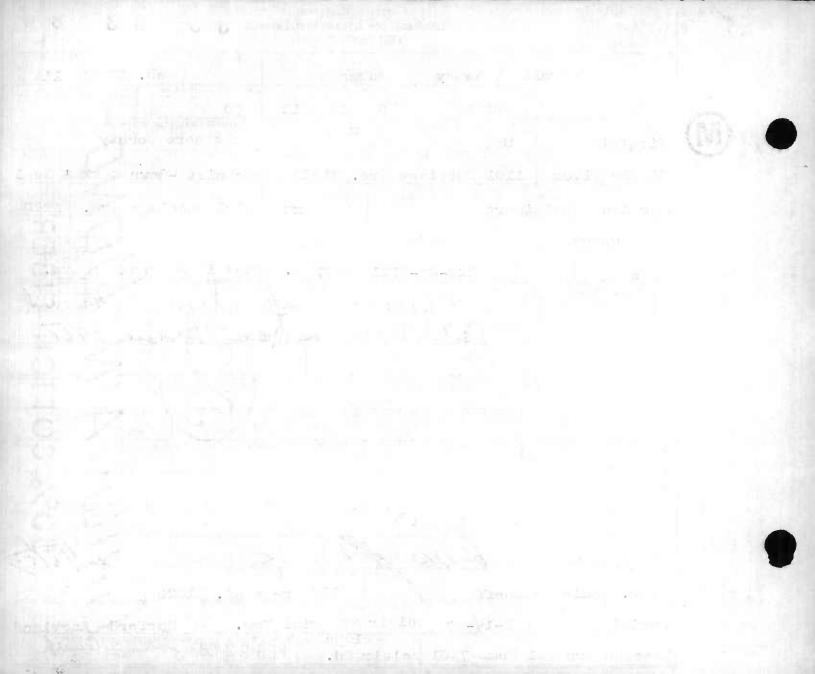


THE RESIDENCE OF THE PARTY OF T .or waters and role. INII Jano variated by Jase 1. Argine Lillie . Grandi Lillie - Urrens Puriod - 2 - 189 | olds will brown Bultimore County, id. The reserve to the second of the second transfer as the second of the se

			ems #18a	-22a Fi	lm G577 3/	/17/83 rsta DEPARTMENT OF	TE OF A	MARYLAND	AVOIEN "	0	-2	3 8	3
1		1-	STATE REGISTRAR			DICAL EXAMIN			-	REG. NO.	9	9 9	4
)	1		CEASED NAME	FIRST		MIDDLE		LAST		KNOWN ESTI-	MONTH D	DAY YEAR	26. HOUR
į	No.			Hollis		Isworth	Ra	cine.Jr.	DEATH	MATED	2-4-	1983	M
£.	1000	3. SE	MALE	WHITE	s. DATE OF BIRTH	1937 46	PAY) MONT	DER 1 YR. IF UNDER	MIN. PRONOU DEAL	NCED	2-4	DAY YEAR	9:30
4	POR MANAGES	7a B	IRTHPLACE (STATE DREIGH COUNTRY)	OR	U.S.A.	AT COUNTRY?	8 MARR WIDOV	IED NEVER MARE	RIED   9 BALTIA	Norecity or Naltin		OF DEATH	MD
	DELAY ISN TO THE PU PAGE 5 20 Mg 20	10 C	Towson	DEATH		PITAL, NURSING HOM LILITY, GIVE STREET ADDRESS)	E, OR OTH	ER INSTITUTION	120. USUAL OCCL FOR MOST OF WO LABOR	JPATION (TYPE C	F WORK 126	OR INDUSTR	SINESS
11201	ATH. IF ANY DELA S.1, 2, AND 3 TO PM. 3. RETAIN P. ND 2 SHOULD BE! WITAL RECORDS.	USU/ 13a S		136. COUNT BAL	R OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN TOWS ON	(NO)	13d. INSIDE CITY LIMITS?	13e. STREET ADDR	ESS		00000	
E, MD. 2		14. F	ATHER'S NAME Hollis	Ellsw		cine SR.		15. MOTHER'S MAID FIRST SARA	EN NAME	widdle CAR	R	LAST	
MOR	DU ≥ 0	16a. V	WAS DECEASED ET	VER IN U.S. ARA	AED FORCES?	166. SOCIAL SECURI		17. INFORMANT		'T' X OD RESSIR		.17325	5
ALT	URS AFTER  8. GIVE PA WITH FOR IT. PAGES I DIVISION		NO	NON		215-32-6	347	VENUS RA	ACINE 135	capsa	ddle,	rd.	
ORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR ITING THE WORD "PENDING" IN PENCIL IN ITEM 18 DED TO THE CHIEF MEDICAL EXAMINER ALONG W SED TO THE CHIEF MEDICAL EXAMINER REALDING W SED AS A BURIAL TRANSIT FERMIT DEPARTMENT OF HEALTH AND MENTAL HYGIENE, I PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	gave rise couse (o) sta lying couse l		(b)	AS A CONSEQUENCE  AS A CONSEQUENCE  UT NOT RELATED TO THE TERN  T is com.	OF	E OR CONDITION GIVEN IN PA	ART 1 (a).				
LREC	PENDI FE MEDI FE ASTA HEALTH	CERTIFICATION	190. DATE OF OP	ERATION		ION FOR WHICH OPE	RATION W	'AS PERFORMED?			2	20. AUTOPSY?	
VITA	TE SHOUL WORD "P FE CHIEF O BE USED ENT OF HI	Ĕ										YESXX	NO [
DIVISION OF VITAL RECORDS,	THE WASTAND BARTMEN		210. EXTERNAL C UNDERLYING CONTRIBUTING		21b. TIME OF HOUR A.M. P.M.	MONTH DAY YEA	R 21c. H	OW INJURY OCCURRI	ED LENTER NATURE OF IN	JURY IN ITEM 18 PAI	RT 1 OR PART 2)		
DIVISI	VER: THIS CER CATE, WRITING FORWARDED OR: PAGE 3 SI THE STATE DEP, (ND, 21201 PR	MEDICAL	21d. INJURY OCC WHILE AT WORK A	OT WHILE T	21e. PLACE O STREET, FACTO	OF INJURY (AT HOME, DRY, FARM, ETC.)		CATION STREET	CITY OR TO	NWC	COUNTY	r	STATE
•	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDER TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYLAND, 21201 P	/		not I took charge rom: Natur	e of the remains desc al couses K,	e Thull	Autop	Homicide TITLE (SPECIFY)  D. Assistan	Undetermined m	winer ,	3101122	2-4-83 e, Md.	
	DXSDAS	(	URIAL, CREMATIO			23c. NAME OF CE			23d. LOCATION CITY OR TOWN		COUNTY	STA	ATE
	BROX	24. F	URIAL UNERAL DIRECTO	R	2-8-83	WARFIEL		250. DATE		NSTER C	RAR'S OG		
	DHMH - 17 (VR A15 ME (5))	P	RÎTTS FU	NERAL H	OME WEST	MINSTER M	21	157   12	BT 4 1983	- Jane	nde	country	200

the second secon

(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	1	R	EG. NO.				
-	1. DECEASED NAME (TYPE OR PRINT)	MARY		MIDDLE		AST RAMM		THURS.			YEAR 83	26 HOUR 5AM	M
V	3. SEX FEMALE		RACE WHITE		5. DATE O		AR	6. AGE TINYEARS			DER I YEAR	IF UNDER 24 HRS. HOURS M.IN.	
9	POLAND ISTATE		US		WIDOWE			9. BALTIMORE ( BALTI	MORE (			M	D.
思り	PIKESVILLE		PTKES	VILLE" NUR	STNG	HOME	N	HOUSEWI	TE OF WORK	(ING LIFE) H	26. KIND O NDUSTRY HOME	PF BUSINESS OF	
100	130. STATE MARYLAND	urs Na COUN	OTHER INSTITUTION. TY	136. CITY OR TOWN BALTIMOR	N	136. INSIDE CITY LIM YES X NO		5126 NE	LSON A	AVE.	(2121	.5)	
-	14. FATHER'S NAME	M	UNK	NOWN LAST		15. MOTHER'S MAID	EN NAM	UNK	NOWN		LAS	Т	
	WAS DECEASED EV	(IF YES, GIVE	MED FORCES? WAR OR DATES)	166. SOCIAL SECU 220-48-4		MRS. BES	SSIE		ADDRESS 309 KI	ENJAC	RD.(	21207)	
		immediate ating the use last.	DUE TO, O	R AS A CONSEQUE	NCE OF	NOT RELATED TO TH				N GIVEN II	N PART 100	o	
1	190. DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES NO				OF DEATH?	
7	OR CONTRIBUTING	CAUSE OF DEAT	P.	M. MONTH DA M.	YEAR	21c. HOW INJURY C	OCCURRE	D (ENTERNATURE	OF INJURY IN ITE	EM 18 PART 1	OR PART 2)	=52.0	
		WHILE WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC )	21f. LOCATION STREET		Cr	TY OR TOWN		COUNTY	STATE	
	saw the dece	eased olive an_		e deceased fram_ 12 4 19 5 ofter death.		, 19_ nd that in (my) (aur) a DEGREE	apinion de	, ta eath accurred ar	the date an	. 19_ id hour and			ıt
,	22d. PHYSICIAN'S	NAME (TYPE OR	e Cl	ron		ATTEND PHYSIC	IAN T	MEDICAL DIRECTOR [	STAFF PHYSICIAN [		2/3	5/93	_
		JEROM				5310 (		COURT RE		133)			
	230. BURIAL, CREMATIC	N, REMOVAL	23b. DATE 2/4/83	23 c. N HE	BREW	YOUNG MENS	S CEN	MOODI	AWN,	BALTO	MD	), STATE	

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

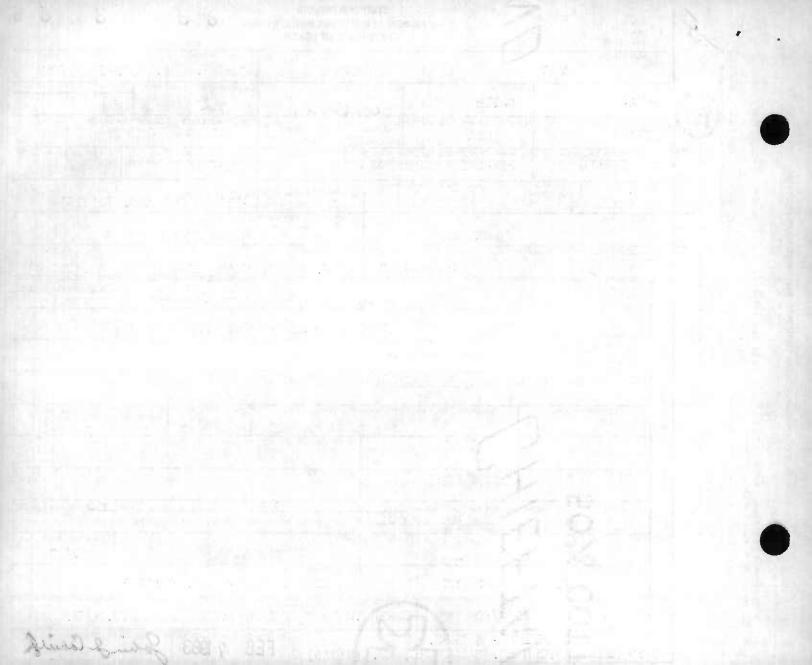
marked or Hem 18 story

MPORTANT: If Item 21 is

24 FUNERAL DIRECTOSOL LEVINSON & BROSOBRESS 6010 REISTERSTOWN RD. BALTIMORE,

MD. (21215)

250. DATE REC'D. BY REGISTRAR 256 GISTRAR'S SIGNAR RE



X	18	1 -	FOR STATE REGISTRAR				ARTMENT	OF HEAL	MARYLAND TH AND MENT TE OF DEAT	TH	<b>O</b> 1	3 REG. NO.	3	3 l	3 6
y be ge 3 deoth			CEASED NAME ORPRINT)	FIRST	HKR	MIDDLE	RA	4 M	0		2a. DATE OF DE	ATH MONTH	DAY YEA	_ 1.0. 1	DZ A M
ge 4 mor		3. SE	Male		RACE	HITE		ATE OF BI		rEAR	6. AGE (IN YEARS		MONTHS D	EAR IF UI	NDER 24 HRS
offer death fog	19	(	RTHPLACE (STATE OR FO		b. CITIZEN OF USA	1.119	WID	OWEDXX		ED 🗍		CITY <u>OR</u> COUN ALT IMORI			MD.
rs offer	Potities .		TY OR TOWN OF DEAT RANDALLSTOV	VN	BALT IM	ORE CO	UNTY	GEN.	THER INSTITUTION HOSPITA		12a USUAL OCC (TYPE OF WORK FOR DISABIL	MOST OF WORKING	G LIFE) INDUS	TRY	SINESS OR OC.SEC
AND 217 n 24 hou filled in	de la	13a. S	AL RESIDENCE (IF NURSIN TATE 1 MARYLAND	BAL	TY	13c. CITY OR		13d. YE	INSIDE CITY LI		7 POMON	RESS NA SOUTI	APT.	2 #212	108
MARYL, ed withii mpletely ond 2 sh	100	14. F.A	THER'S NAME FIRST  KTRE	~	NIDDLE	LAS RAMO		15.	MOTHER'S MAI			DDIE	UNK	LAST (NOWN	
BALTIMORE, cote be execut ysicion and co	medicol		VAS DECEASED EVER IN ES, NO OR UNKNOWN) YES	(IF YES, GIVE	MED FORCES?  WAR OR DATES)  ARMY	166 SOCIAL			O SHALE		STATE OF		R RAMO SUITE	130	00
÷ 4 4 9	movol.		18 CAUSE OF DEATH PART I. DEATH WA	S CAUSED	y one couse per BY: CAUSE (0)		O), and (c).)		HOPKIN	-	AZA #2	21201	BETW	ROXIMATE EEN ONSET	INTERVAL AND DEATH
PRESTON ST he death cert he offending I emove carbor	on, or re		Conditions, if ony,		DUE TO, O	RAS A CONS	auch	TV	obal	ly i	Yew	M - 3			
W. PRE hot the coby the cose remo	l, cremol other tra		gove rise to imme couse (a), stating underlying couse		DUE TO, O	RAS A CONS	EQUENCE	of Coa	round	nej.	Arte	ry ol	1200	e.	
RDS, 20 equires t n signed Then ple	injury, or	NOI	PART 2. OTHER SIGNI	FICANT CO	ONDITIONS CO				RELATED TO T	HE TERMIN	VAL DISEASE OF		GIVEN IN PAR	1110	
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r otherding physicion. Wher this certificate been sig	iene prior	CERTIFICATION	190. DATE OF OPERATION	ON	19b. COND	ITION FOR W	HICH OPER	ATION W	AS PERFORMED		20a AUTOPS	? 20b. IF	YES, WERE FIN RTIFYING CAU YES	ISES OF D	
PHYSICIAN: T ending physici this certificate	em 18 sh		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEAT	HOUR A.	M. MONTH	DAY Y	'EAR	. HOW INJURY	OCCURRE	D (ENTER NATURE	OLINJURY IN ITEM	18 PART I OR PART	2)	
IVISION IG PHYS ottendin ter this c	rked or h	MEDICAL	21d. INJURY OCCURRE		21e. PLACE ( (AT HOME, STE	OF INJURY REET, FACTORY, O	FFICE, FARM, ET		STREET		CI	TY OR TOWN	COUNTY		STATE
ATTENDING spitol or of CTOR: After	of Health		220.1 certify that (1) (1 sow the decays above, (1) (we) (die				rom 3		ot in (n) (our)	74 opinion de	eoth occurred or	the dote and l			(we) lost es stoted
She had	te Dept.		22b. SIGNATURE	V.e	ee C	بعنين	ہیں	M. (		IDING	MEDICAL DIRECTOR	STAFF PHYSICIAN []	220.0	ATE SIGN	-83
TO HOSPITAL (retoined by the TO FUNERAL [	the Stote		22d. PHYSICIAN'S NA/		PRINT)	VER	٥	220	ADDRESS		Pil Con		Zel		
PP	3 3		SURIAL, CREMATION, R	EMOVAL	FEB.8,	1983			TERY OR CREM		FT.	YERS	COUNTY	/IRGI	INÏÄ ^t
DHMH - 16 50 (VRA 15,		24 FU	O10 REISTE	SOL L STOWN	EVINSON N RD.	& BRC BALTO.	S.,IN MD		215	FEB PEB	7 198	STRAR 26 REG	ISTRAR'S SIG	TURE	4

L-OHAS ISMITA 150120---E PROPERTY OF THE STATE OF THE Terran attive no - I . F. bish person for bit ! apple Corollary Anterry Of Frence 2 more something by they aught A LEGISLAN STATE OF THE STATE O 1874-5. Land C. Land C Feb 20 7 19 19 2 18 5 1 1 1 2 2 2 2 3 The second of the second of the second of the second

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DHMH - 16 50M 1/B1 (VRA 15, 4)

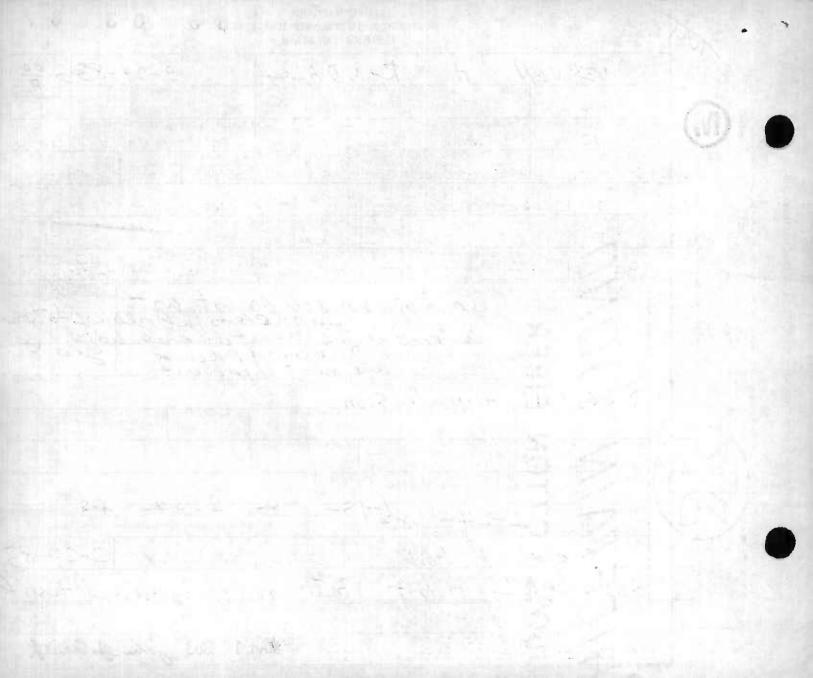
injury, or other traumatic event, the

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR			DEPARTA		ICATE OF DEATH	REG. N	, <b>U</b>	3 3	0 /
	CEASED NAME E OR PRINT) VER	NON	)	H	RA	NDALL	20 DATE OF DEATH	MONTH DAY 2-24	-83 2	3 00
3 SE	x Male	4	RACE A	Thite	5 DATE C		6. AGE (IN YEARS LAST BI	YRS.		FUNDEY 24 HRS HOURS/ MIN.
5	IRTHPLACE (STATE OR COUNTRY)  MD			WHAT COUNTRY?	MARRIE WIDOWE	DXXNEVER MARRIED DIVORCED	9. BALTIMORE CITY S Baltimo			MD.
Rai	ity or town of dea ndallstown	B	altimor	e County	Gene:	prother institution ral Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Retired Ir	OF WORKING LIFE)	126 KIND OF E INDUSTRY Busine	
130	AL RESIDENCE (IF NURS STATE MD	136 COUNT Balti	Y	give residence before 134. CITY OR TOWE Randalls	N	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 3445 Cax	riage H		1133 r. T3
	ATHER'S NAME Robert		DDLE	Randal		15. MOTHER'S MAIDEN NAI	MIDDLE		McDone	ald
	WAS DECEASED EVER YES, NO OR UNKNOWN) Yes		ED FORCES? WAR OR DATES)	216-09-75			Ellen Rand e Hill Circ	all	MD Randali	21133 Lstown
FICATION	Conditions, if ony, gove rise to imr couse (o), stotin underlying couse  PART 2 OTHER SIGN  190 DATE OF OPERA	nediate ig the lost.	ONDITIONS CO	meiles	EATH BUT	Dulquongra Dulquongra Not related to the term N WAS PERFORMED	A A GUI FA GUI IMAL DISEASE OR CON 200 AUTOPSY?	DITION GIVEN  20b. IF YES, W IN CERTIFYIN	VERE FINDING:	S USED F DEATH?
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	YES NO	YES [		но 🗌
MEDIC	21d. INJURY OCCUR!	ILE C	21e. PLACE			211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	220. I certify that (I) sow the decease above, (I) (we) (c	ed olive on_	7-1	19 8		d that in (my) (our) opinion of			nd from the cou	at all a great and a
	22d PHYSICIAN'S NA SOON	on of	rul Printi	Hola	7	ATTENDING PHYSICIAN [	MEDICAL STA		nalt	fospil
230 E	BURIAL, CREMATION, (SPECIFY)  Burio	2Z	23b. DATE 2/28/	83 St.	Thoma	emetery or crematory as Cemetery	23d LOCATION CITY OF TOVEY OWINGS Mi	lls Bai	timore	MD
24 FI	uneral director 3728 Libert	Lorin ty Rd.	g Byers , Randa	Funeral llstown,	Dire MD	ctors, Inc. MA	RECD. BY REGISTRAR 1983	25 GISTRA	J. Cas	wife

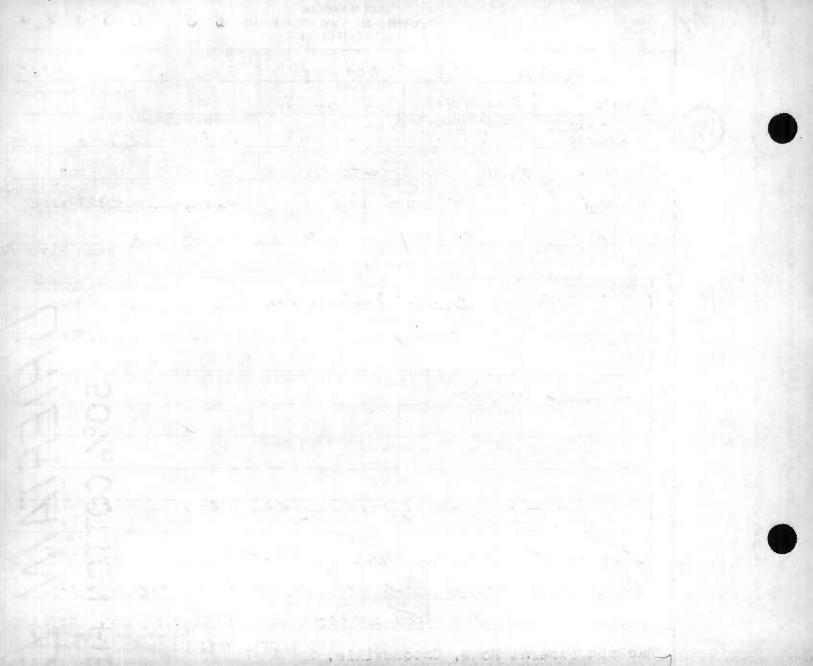


wite Jim 1, 1 ac law .t.c. itte lla otter ed e - ter l---- at at a stre. the Ritarian Lange C. No. 1. June 1. physical ... and eta , and eta , and eta , and etaitsell importance, no. alto., m. 1864

-15	1	FOR - STATE REGISTRAR	D	EPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 3	0 3	3 8, 9
m £		CEASED NAME FIRST	MIDDLE		AST .		MONTH DAY	YEAR 2b. HOUR
poge 3	3. SE			RATHWELL	RAT HMELL	21.		9:30 P _M
ector, purs after	3. 56	F	4. RACE	5. DATE (		6. AGE IN YEARS LAST BIRT	YRS.	DAYS HOURS MIN.
n 72 hou		COUNTRY)  PA	76. CITIZEN OF WHAT COL		D NEVER MARRIED DIVORCED	Baltimore City o	_	MD.
by the fune filed within	10.C	OSSVILLE	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI FRANKL)	NURSING HOME (	OR OTHER INSTITUTION	12a. USUAL OCCUPATE ITYPE OF WORK FOR MOST O		KIND OF BUSINESS OR
10 AS	USU 13a.	AL RESIDENCE (IF NURSING HOME STATE 13b. COI	OR OTHER INSTITUTION, GIVE RESIDEN UNITY 13c. CITY (	ICE BEFORE ADMISSION) OR TOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	YRTH	AVE
13/	14. F.	THER'S NAME  FIRST  ATHER'S NAME		AST F	15. MOTHER'S MAIDEN NO.		AND	LAST
M)	100			AL SECURITY NO.	17. INFORMANT	ADDRE	SS	8515
med on	1	YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)		DONALD 1	BATHMEL.		MWCOO RI
ined by the officers of please removed, crementer y, or other training,		Conditions, if ony, which gave rise to immediate cause (a), starting the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO	NSEOUENCE OF	rdial infarct		DITION GIVEN IN I	PARI Ìta
hos been sign permit. Then ene prior to bu	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR			200. AUTOPSY? YES NO X	20b. IF YES, WERE	FINDINGS USED CAUSES OF DEATH?
ertificate h ial-tronsit intol Hygiei tem 18 shov		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER_NOTIFY MEDICAL EXAMIN	BEATH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR		
ter this of the burner of the	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY	, OFFICE, FARM, ETC )	211. LOCATION STREET	CITY OR TO	vn co	UNIY STATE
DIRECTOR: All oched for use of Dept. of Health If Hem 21 is ma		220.1 certify that M (this has saw the deceased alive capable of the first of the SIGNATURE		_19 <u>83</u> , or	16 , 19 83 and that in (20) (aur) apinian DEGREE ATTENDING	San State of the	22	, 11101 [X (1110) 1031
should be deta with the Store		THE DESCRIPTION OF THE PARTY OF	1 Heller, MD	Mary	PHYSICIAN 22e ADDRESS	X DIRECTOR PHYSIC	IAN	
5 % ¥ W		BURIAL, CREMATION, REMOVA SPECIFY) BURIAL			EMETERY OR CREMATORY  NS OF SAIN	23d. LOCATION	COUN	TY STATE
- 16 50M 4/82 RA 15 4)		UNERAL DIRECTOR	=1, v 3	DORESS	25a. DA	EB 22 1980	Sh. PERISTRAR'S	2 Calvid A

DETERMINED STATE OF THE PARTY THE STATE OF THE S EEB SA NOOT TOWN AS BEEN

J.	1.	FOR - STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	3 3 9 0
e 4 4 4		CEASED NAME PIRST PAULI	MIDDLE	Redmond	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
frer death	3. SE	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
0	_	-emale	CAUCASIAN  7b. CITIZEN OF WHAT COUNTRY?	04 25 94	9. BALTIMORE CITY OR COUNTY	
(IAI)	1	RTHPLANT STOUTET	U. S.A.	MARRIED NEVER MARRIED WIDOWED MOVED	Rattimore	County MD
10		atons ville	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, Peridian NUVSIN	G HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI HOUSEWIFE	126. KIND OF BUSINESS OR INDUSTRY HOME
15	13a.	AL RESIDENCE (IF NURSING HONESTATE  Maryland  To un	OTHER INSTITUTION, GIVE RESIDENCE BEFORE  13c. CITY OR TOW  Baltimo	ADMISSION) N 1136 INSIDE CITY LIMITS?	130. STREET ADDRESS OWER	
300	14. F/	ATHER'S NAME	MC Elnor	15. MOTHER'S MAIDEN NA	AME	LAST
2 medico	16a \	NAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES GIV	A 1444 A AA A 4 25 A 4		ADDRESS 1	Severn River A verna Pk.2114
npaper novol.		PART I. DEATH WAS CAUSE	ly one couse per line for (0), (b), one DBY: E CAUSE (0) Conches		1.4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  2 mg
of, cremotion, or r		Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE  (b) Semble  DUE TO, OR AS A CONSEQUE	NCE OF		3 yn .
nen ple r to burio injury, o	NO	PART 2. OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITION GIV	/EN IN PART 110
om ony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)
Mentol-fronsit p Mentol Hygier or Item 18 shov		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 8	
ond ked	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
of He 21 is		220.1 certify that (1) (this hospit saw the deceased alive on above, (1) (we) (did) (did no	tel) attended the deceased from	2-10, 1981 3, and that in (my) (and opinion	ta 2 - 5 n death occurred on the date and hou	19_83, that (I) (we) last or and from the causes stated
AT: If Item		226. SIGNATURE	2 Par	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	220. DATE SIGNED 2-5-85
should be deto with the State I IMPORTANT: If		David R. 7	Museman M.	220. ADDRESS D. 47/3/200	Is Ave. Arpa	too feel
433	23a. I	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	10 10	AME OF CEMETERY OR CREMATORY	CITY OF TOWN	COUNTY STATE
OM 4/82	24 F	UNERAL DIRECTOR  Mac Nabb Funer	ADDRESS			ity, Maryland  RAR'S SIGNATURE  Columbia



die.	(TYPE	CEASED NAME FIRST GEORGE		REID	SR.	February		5:34an
M)	3. SEX	Male	4. RACE White	5. DATE O		6. AGE (IN YEARS LAST BIR	YRS.	R IF UNDER 24 HRS
:33		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT USA	RY? 8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O Baltimore	County OF DEATH	MD.
\$57	R	ossville 21237		Hospit		120 USUAL OCCUPATION OF THE CONTROL	SWORKING LIFE) 12b. KIND	of Business or
26	USUA 130 S M	L RESIDENCE (IF NURSING HOME OF TATE 13b. COU	ROTHER INSTITUTION, GIVE RESIDENCE BI	efore admission	13d. INSIDE CITY LIMITS?	130. STEETO PORAS	deney Ave.	21220
0.30	14. FA	THER'S NAME Charlie	"Cecil Reid LAST		15. MOTHER'S MAIDEN NAI		ifs	AST
the medical		AS DECEASED EVER IN U.S. A		7 2480	Edna B. Reid.	, Wife	Same	
prior to burial, cremation any injury, ar other trou	ATION	Conditions, if ony, which gove rise to immediate couse fol, stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT Hypercalce  19a DATE OF OPERATION	DUE TO, ORAS A CONSE  DUE TO, ORAS A CONSE  (c) Broncho  CONDITIONS CONTRIBUTING  mia / Dehydrati  [196. CONDITION FOR WH	OUENCE OF () TO DEATH BUT	Carcinoma, Lun		20b. IF YES, WERE FIND	INGS USED
lem 18 shows o	AL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI		DAY YEAR	21c. HOW INJURY OCCUR	YES NOK	IN CERTIFYING CAUSE YES  RY IN ITEM 18 PART 1 OR PART 2)	S OF DEATH?
rked or It	MEDICAL	216. INJURY OCCURRED  WHILE NOT WHILE ATWORK	210. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFF		21f. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
f Healt		22a.1 certify that (this has sow the deceased alive a above (i/we) (did) (dw. n 22b. SIGNATURE	oital) attended the deceased from February 18. 1 of view the body after death.		DEGREE		22¢. DAT	
With the State Dept. o			OR PRINT)		PHYSICIAN Z	U DIRECTOR L PHYSIC	Bal	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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entral 2/21/35 the first the contract of the c

3		FOR - STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	RÉG. NO.	3 3 9 2
Second 35	1. DI	ECEASED NAME FIRST A R G A R G	T H. RACE	KE 10	20. DATE OF DEATH MONTH  2 - 28 - 8  6. AGE (IN YEARS LAST BIRTHDAY)	3 2 2 A
edoc.		FEMALE	CAU.	MONTH DAY YEAR 9	83 YRS.	MONTHS DAYS HOURS MI
lo di	1.4	IRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED   NEVER MARRIED	9. BALTIMORE CITY OR COUNT	
by the fand	10. 0	ATONS VILLE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	I WIDOWED D DIVORCED	126. USUAL OCCUPATION  ITYPOF WARK-FOR MOST OF WORKING	12b. KIND OF BUSINESS (INDUSTRY
filled in ould be f	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUNTY	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM NTY 13c. CITY OR TO	DRE ADMISSION)	130. STREET ADDRESS 2024 KENN	ICOTT ROAD
mpletely and 2 sha		ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA		UNKNOWN
papers. Pages 1 payors. poval. ent, the medical		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SEC VE WAR OR DATES) 2/4-	CURITY NO. 17 INFORMANT  01-8233 Ma.	earl Dice	3034 Fa
I by the attending pease remave carban bl, cremation, or rem r other traumatic eve		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEO	ma; Heren	te trace	gro-
nit. Then planting to buring to buring any injury, o	NOIT		Frake		Many track day	tun
DE 0 0	CERTIFICATION	190 DATE OF OPERATION		CH OPERATION WAS PERFORMED	YES NODE IN CERT	TES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
ding physician. Is certificate has burial-transit pe Mental Hygiene or Item 18 shaws	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH P.M.	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18	8 PART I OR PART 2)
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0 0 0 = 0	1	124 PHYSICIOUS NAME ITEM	KNIZZ MI	PHYSICIAN PHYSICIAN STATE OF THE PHYSICIAN ST	d Tradensk Re	2/28/8
BP C S T M	23a.	BURIAL, CREMATION, REMOVAL	THE PERSON NAMED IN	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITYONTOWN PLANT	June 19 Mar
H - 16 50M 4/82	24	Lume Sune	ial Him ADDRESS	150, E Forth 250. DA	TE REC'D' BY REGISTRAR 256 REGI	STRAR'S SIGNATURE

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1		OR PRINT)	RST	WIDDLE		AST COLUMN	2a. DATE OF DEATH MO		HOUR P
	3. SE2		LTON 14. RACE	<u> </u>	REYN 1. DATE C	OLDS OF BIRTH	February 2	-0.1000	:30 M
1		Male	W	hite	June	26. 1898	84	YRS.	URS MIN.
北京		RTHPLACE (STATE OR FORE)		USA	NTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY OR C		
Political Division	10. CI	Maryland TY OR TOWN OF DEATH Towson	(IF NOT	OF HOSPITAL, N	NURSING HOME C	OR OTHER INSTITUTION	12d. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO  EXECUTIVE	12b. KIND OF BU	MD. USINESS OR
od be	13a. S	AL RESIDENCE (IF NURSING )		UTION GIVE RESIDENCE	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 530 Hampt		204
0.30	14 FA	THER'S NAME	Unknowr	LA	ST	15. MOTHER'S MAIDEN NA FIRST	Unknown		
medicol			J.S. ARMED FORCE FYES. GIVE WAR OR DATE  TO THE STATE OF	185)	1 SECURITY NO.	Mrs. Heler	n W. Reynol		ne
movol.		18. CAUSE OF DEATH (E PART I. DEATH WAS		se per (ine) for (o),	to the same of the same of the same of	ac a	nest	APPROXIMATE BETWEEN ONSET	
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l, cremot ather tra		gove rise to immedi couse (o), stoting	iate	O, OR AS A CON	SEQUENCE OF	ASCV	A		
to burio njury, or	NO	PART 2. OTHER SIGNIFIC	CANT CONDITION	NS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERM	minal disease or condit	ON GIVEN IN PART 110	
ows ony	CERTIFICATION	19a. DATE OF OPERATION	19b. C	ONDITION FOR V	WHICH OPERATION	N WAS PERFORMED		Ob. IF YES, WERE FINDINGS N CERTIFYING CAUSES OF D YES N	
Mental Hygiene or Item 18 shows		21g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOU	ME OF INJURY IR A.M. MONT P.M.	H DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN	NITEM 18 PART 1 OR PART 2)	
ond Mer	MEDICAL	21d. INJURY OCCURRED	21e. PL	ACE OF INJURY ME, STREET, FACTORY.		211 LOCATION STREET	CITYORTOWN	COUNTY	STATE
f Heolth		22s I certify the (1) (this	s hospital) grand	70	200	19 70 and that is my our) opinion	to JJO death accurred on the date	ond hour and from the caus	(I) we) lost
e Dept. o : If Item 2		above (i) we (did	and not show the	le Con	m e	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGN	NED /S
with the Stote		22d PHYSICIAN SNAY	(TYPE OR PRINT)	Silmore	M. D.	22e. ADDRESS	Road, Tow		1204
IMPO IMPO		SURIAL, CREMATION, REA SPECIFY) STOMBERS	MOVAL 23b. DA		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
200	I P	II CHENT DE L'INCHEST III	2/	23/83	I I orra	ine Maus.	Balto.,_	ME	)

THE RESIDENCE OF STREET, STREE ic Janes, 1 tion one court ini avitus tini Cata Valli ve ini avitus tini Marylan eliment Toward & # 580 Harrish Lt. 21644 rrru THE POPULATION OF THE POPULATI Yes WW I E15 01 with helen W. Heanelds, Lambe pr. Corp. T. Hand W. C. 1717 Yerk Fow Tower, No. 21204 organis y selio.

Locy Junios Juston C.

Con C.

Yer v For Julios Juston C.

CERTIFICATION

MEDICAL

21d INJURY OCCURRED

230. BURIAL, CREMATION, REMOVAL

Entombment

74 FUNERAL DIRECTOR

226. SUSNATURE

NOT WHILE

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO LAST 2a. DATE OF DEATH DECEASED NAME MONTH 2b. HOUR TYPE OR PRINT Lena C. Richard February 20. 1983 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Female White Feb. 5, 1903 80 7a. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED Italy Italy Baltimore County DIVORCED 8 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Own Home Towson Multi-Care Medical Center Home Maker USUAL RESIDENCE (IF NUR. ING NOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 136 COUNTY 3c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 4606 Baltimore 21212 YES TX NO Kerneway 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Stefana Anthony Costanza Todaro ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-60-3244 Theodore Richard Same as #13

		THEORDE O HELOHOLO	Dame ab # 19	•
18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:  13.00 IMMEDIATE CAUSE (o)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1000		act up Aton for	Lembotos	lees
	AS A CONSEQUENCE OF			

part 2. Other significant conditions <u>contributing to death</u> but not related to the terminal disease or condition given in part 160

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIEY MEDICAL EXAMINER) P.M 19

> 21e PLACE OF INJURY AT HOME, STREET, FACTORY OFFICE, FARM, ETC.)

211 LOCATION

CITY OR TOWN

COUNTY

20b. IF YES, WERE FINDINGS USED

YES T

IN CERTIFYING CAUSES OF DEATH?

STATE

NO [

2/20 sow the deceased olive on and that in (my)-(aur) opinion death occurred on the date and hour and from the causes stated obove, (1) (wat (did + (did not) view the body after deoth.

22d. PHYSICIAN'S NAME ITYPE OF PRINT

22e ADDRESS

ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

Carel S. Friedman, M.D.

660 Kenilworth Drive Towson, Maryland 21204

DEGREE

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

Feb. 23, 1983 Loudon Park Mausoleum Baltimore,

Maryland

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

5305 Harford Road 2121 Asa DAJERE Leonard J. Ruck Funeral Home. Inc.

23b. DATE

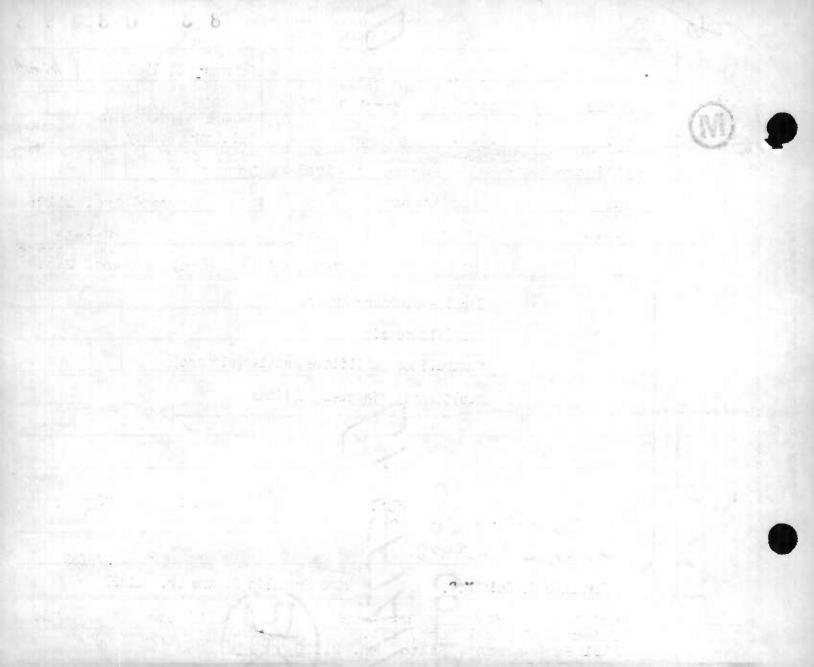
Series C. The series of the se unicond Brownia. TCS TO! All ti-Crea Felical Cores To a 15-5-Tarthore X stones Rechards . El pa o el matal era ce 2 mai- - - El Action ont 185.5, Eventuario Stat Bussilet av Talone, a Partional Male and Stolyse of

Leon mer J. Mick En Jord Flore, me.

STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



6	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	0 3	3 9 6
1		CEASED NAME	FIRST		WIDDLE	21111	AST /	20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
			1660		- 6	KININ	Y	~	6 83	003SAM
	3. SE.	×		White		S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER I YE MONTHS DA	
	Ze RI	RTHPLACE (STATE ORE	OPEIGN 7		WHAT COUNTRY?	Dec.	7, 1905	9. BALTIMORE CITY O	P.COUNTY OF DEATH	
221		COUNTRY)	OREIGN				D NEVER MARRIED			
-	-	ary land ITY OR TOWN OF DEA	TH 1	U.S.		WIDOWE	DR OTHER INSTITUTION	Baltin	nore County	
55	F	Randallstow	m	Baltin	HEACILITY, GIVE STREET	address) ty Ge1	neral Hospital	(TYPE OF WORK FOR MOST O	F WORKING LIFET INDUST	D OF BUSINESS OR RY
35	13a. S	at residence (if nurs state ary land	136 COUNT Balti	Υ	13c. CITY OR TOW Woodlaw	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 6704 Dogw	ood Road	21207
2.	14. FA	ATHER'S NAME		IDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		
50			eank S		LASI		FIRST	elen	Banks	LAST
21	160 V	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORMANTMY. WO	alter Salle		21794
	()	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	216-09-3	365A	3722 Rosemar			
		Conditions, if ony, gove rise to imm couse (a), statin underlying couse	nediote g the	(b) 5	r as a conseque TATUS r as a conseque	Pas 1	CARDIO,	PLILMONA	RY ARRIS	7
1 cat	NOI	PART 2 OTHER SIGN	MIA	ONDITIONS CO	ONTRIBUTING TO D	LE L	MIA , AC.	INAL DISEASE OR COND	OITION GIVEN IN PART	100
9	CERTIFICATION	19a. DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	
9		21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEAT		FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	2)
	MEDICAL	21d. INJURY OCCURS	ILE []	21e. PLACE (AT HOME STE	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
		22a.1 certify that (1)	(this hospite	ol) ottended th	e deceosed from_		, 19	, to	*, 19	_, that (I) (we) lost
6.5		sow the deceose obove, (I) (we) (o		view the body	ofter death	, or	nd that in (my) (our) opinion o	deoth occurred on the do	te ond hour and from t	he couses stoted
		To SIGNATURE	7.	Lyp	da u)		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F / 2/	NE SIGNED
1		HAFEE Z	ME (TYPE OR	9 SYE	2)		BALTIMORE	county a	EN NOSP	

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

should be detoched for use as the burial-transit permit. Then please remove corli-with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or a

23a BURIAL, CREMATION, REMOVAL BURIAL

23b. DATE

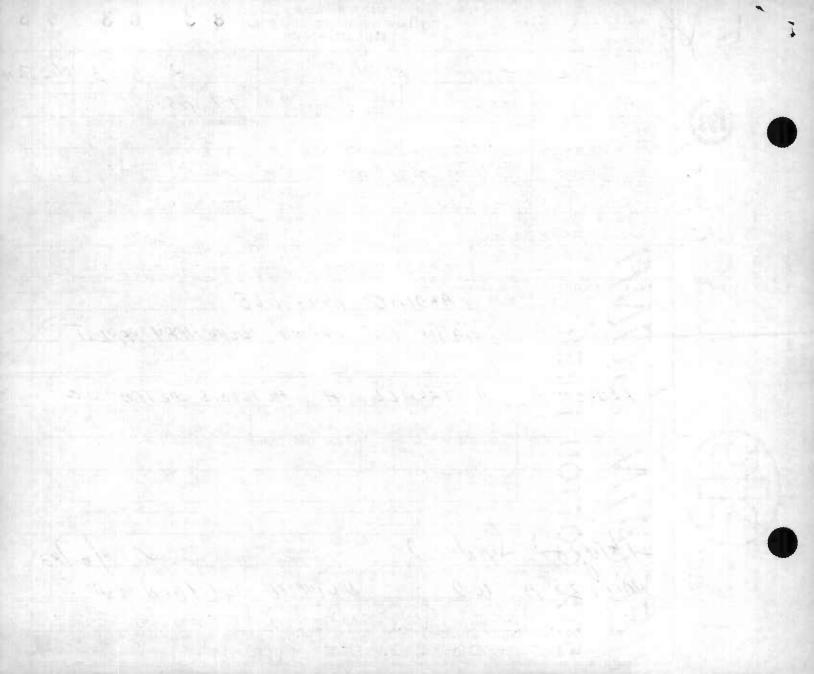
23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION Eflicott City, Maryland

Burial 2-9-83 St. Johns Cemetery Ellicott City, Maryland

14 FUNERAL DIRECTOR LOVING Byers Funeral Directors, Inc. 250. DATE REC'D. BY REGISTRAN 256 REGISTRAN'S SIGNATURE

8728 Liberty Road Randallstown, MD. 21133 FFB 71983



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 should be filled within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.

FOR 1 - STATE	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 3 0 3 3	9
REGISTRAR  I. DECEASED NAME FIRST	WIDDLE	LAST	REG. NO.	
(TYPE OR PRINT)		Action to the second se		HOUR
	Consuelo	Risacher		7:50
3. SEX	4 RACE	5. DATE OF BIRTH  MONTH DAY YEAR		UNDER 24 H
Female	Caucasian	MONTH DAY YEAR 7	95 yrs.	
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	NTRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH	
France	U.S.A.	WIDOWED DIVORCED	□ Baltimore County	
IR CITY OR TOWN OF DEATH Halethorpe	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV St. Joseph	nursing home or other institution restreet address) Residence	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Religious  126. KIND OF B INDUSTRY Catho.	
USUAL RESIDENCE (IF NURSING HOME O 130. STATE 13b. COU	NTY 13c. CITY O			22'
14 FATHER'S NAME		15 MOTHER'S MAIDEN	NAME	
Joseph		acher Marie	Cecile Kientz	
160 WAS DECEASED EVER IN U.S. AF		L SECURITY NO. 17. INFORMANT	ADDRESS	-
(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)			
18 CAUSE OF DEATH Enter o			n Marie 4100 Maple Ave.	
	ONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
190, DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES NO YES	
			CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21 IN JURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	21f. LOCATION	CITY OR TOWN COUNTY	STATE
22a I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no		19 8 L and that in (my) (our) opin	ion death occurred on the date and hour and from the cou	(We) ses stated
22b. SIGNATURE	John		MEDICAL STAFF DIRECTOR PHYSICIAN 22.	NED G
INV		22e. ADDRESS		. %)
22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)			. % )
	Lsh, M.D.	222 St. F	aul St. Baltimore, Md. 212	202
Aiden Wa	Lsh, M.D.	222 St. F	RY 23d LOCATION	·%)
Aiden Wa	Lsh, M.D.			20

BP______ DHMH - 16 50M 7/77 (VR A 15 (4))

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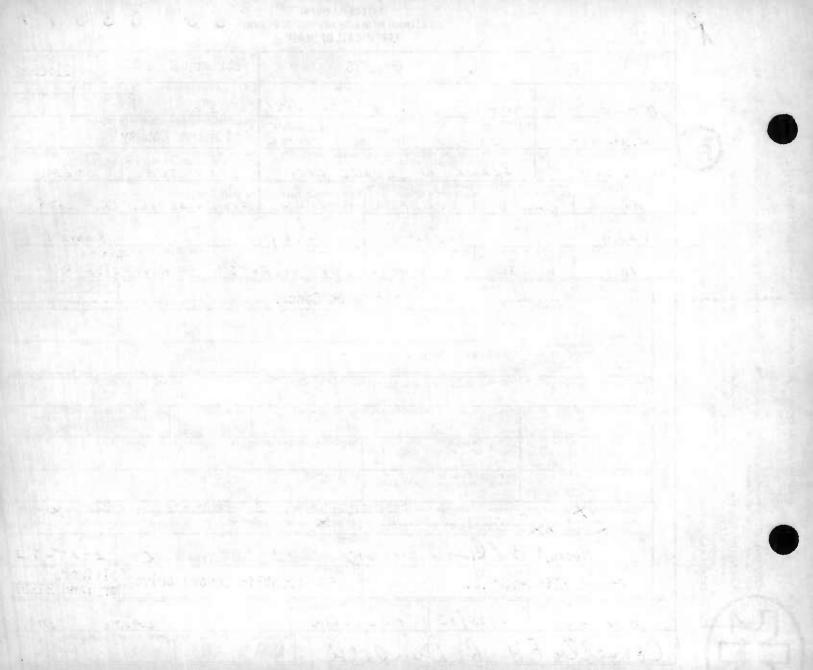
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

DHMH - 16 50M 4/82 (VRA 15, 4)



	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8
-	12- 0	ATE OF F

	STATE OF MARYLA DEPARTMENT OF HEALTH AND A CERTIFICATE OF D	MENTAL HYG	IENE	8	REG.	NO.	0	3	0	U
DDLE	LAST		20 DA	ATE OF	DEATH	MONTH	DAY	YEAR	26 HOU	R
Α.	ROBINSON	JR.	Fe	bru	ary	15,	1983	3	4:1	5
	E DATE OF BIRTH		L ACC	E LINEAUE	00 1 40 7 8	UP TI IP AND	15 14	IDED I VE LO	IT VALORE	13

68

(TYPE OF WORK FOR MOST OF WORKING LIFE)

13e STREET Ordinator

Placement Co-

9 BALTIMORE CITY OR COUNTY OF DEATH

Baltimore County

4 RACE MALE WHITE Auq. 10-BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? COUNTRY)

Howard

- STATE REGISTRAR DECEASED NAME TYPE OR PRINTS

MD.

Baltimore

Md.

Howard 160 WAS DECEASED EVER

no

Conditions, if any, which gave rise to immediate cause (a), stating the

190 DATE OF OPERATION

21d INJURY OCCURRED

23a BURIAL, CREMATION, REMOVAL

NOT WHILE

4 FATHER'S NAME

CERTIFICATION

or Item 18

morked

MPORTANT

CITY OR TOWN OF DEATH

3 SEX

MARRIED X NEVER MARRIED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

166 SOCIAL SECURITY NO.

213-01-0250

WIDOWED

Franklin Square Hospital SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN

13d. INSIDE CITY LIMITS? Baltimore YES X

15. MOTHER'S MAIDEN NAME Robinson Sr. Martina

1914

17 INFORMANT

Betty Robinson-wife-same address

18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) PART I. DEATH WAS CAUSED BY: Cardiopulmonary Arrest

Massive Right Cerebrovascular Accident

DUE TO, OR AS A CONSEQUENCE OF

underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

MIDDLE

HE YES, GIVE WAR OR DATES

ARMED FORCES

Squamous Cell Carcinoma of Lung

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

22a. | certify that (this haspital) attended the deceased fram

MONTH DAY 21e PLACE OF INJURY

19 AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION

CITY OR TOWN

NOK

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NO [

12h KIND OF BUSINESS OR

LAST

AFL-CIO

INDUSTRY

3629 Kenyon Ave. 21213

saw the deceased alive an Februa and that in Leas (aur) apinian death accurred an the date and haur and from the causes stated 22b. SIGNATURE DEGREE

2/18/83

22e ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED 2-15-83

9000 Franklin Square Drive

23c NAME OF CEMETERY OR CREMATORY Greenmount Crematory Balto.

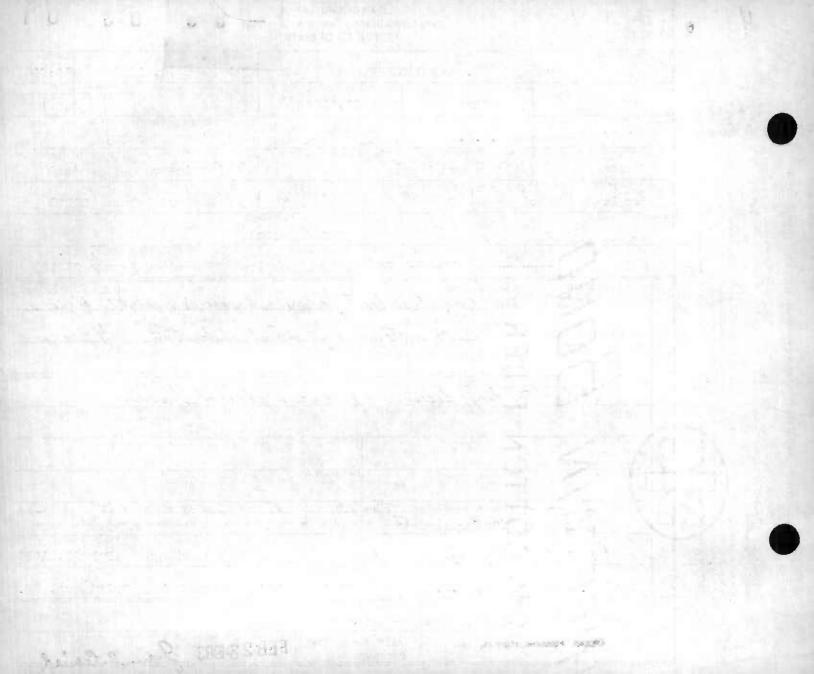
Md STATE

(SPECIFY) Cremation 24 FUNETAL Home, Inc. 3331 Brehms Lane, Balto. Md. 21213

DHMH - 16 50M 1/81 (VRA 15, 4)

4 0	1	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3 0 3 4 0 1
m 5		ECEASED NAME FIRST PE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26. HOUR
y be ge 3 leoth		Raym	ond E. ROCHI	ELEAU	February 20, 1983 10:00A _M
O C	3. S	EX	4 RACE	5. DATE OF BIRTH	6. AGE   IN YEARS LAST BIRTHDAY)   IF UNDER 1 YEAR   IF UNDER 24 HRS   MONTHS   DAYS   MOURS   MIN.
e 6 9		Male	White	June 18, 1906 TEAR	76 YRS. MONTHS DAYS HOURS MIN.
of Arthur Po	70	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Michigan	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED XX NEVER MARRIED WIDOWED DIVORCED	Baltimore County, MD
by the fu	10	Essex	11. NAME OF HOSPITAL, NURSIN 11 NOT INSUCH FACILITY GIVE STREET 45 Seaford Aven	AC HOME OR OTHER INSTITUTION ADDRESS) 110	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Maintainence Hospital
filled in nould be	13a	STATE 13b COU	or other institution give residence before inty 13c. CITY OR TOW Essex		13e STREET ADDRESS 45 Seaford Avenue 21221
mpletely ond 2 sh	14 6	ATHER'S NAME FIRST  Hubert Rochele	MIDDLE LAST	15. MOTHER'S MAIDEN N Ammie Penc	
dicol dicol		WAS DECEASED EVER IN U.S. A		IRITY NO. 17. INFORMANT	ADDRESS Essex , Md.
n ond o		I YES, NO OR UNKNOWN) I IF YES, G	217-14-	2065 Claire Roche	eleau 45 Seaford Avenue 21221
quires that the death signed by the ottend. Then please remove con to burial, cremotion, on injury, or other traumot nijury, or other traumot	NO	Conditions, if ony, which gove rise to immediate couse 101, staffing the underlying couse lost  PART 2 OTHER SIGNIFICANT  OBSIL	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO I	Alexen myourke	MINAL DISEASE OR CONDITION GIVEN IN PART 1101
The low rection.  te hos been sit permit. I giene prior shows ony i	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPS 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO
SICIAN: T ng physici certificate urial-transi tental Hygi		21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	AIN	YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)
DING PHYS or offer this e os the bu offh and Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
TTEN TOR: for us of He		sow the deceased alive or above, (1) (wa) (did) (did no	n 19 1000 view the body ofter death.		, to FUG 4 , 19 S , that (I) (ver) lost a death occurred on the date and hour and from the causes stated
ITAL OR A by the hosy the hosy of the hosy detoched to the Dept.		22b. SIGNATURE	Tullenbery.		MEDICAL STAFF DIRECTOR   PHYSICIAN   Feb 21, 1983
O HOSPITA etoined by TO FUNERA should be di with the Sto			lenberg, M.D.		in Square Drive Baltimore, Md.
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	Feb 21, 1983	NAME OF CEMETERY OR CREMATORY  Greenmount Cemeter	CITY OR TOWN COUNTY STATE
DHMH - 16 50M 1/B1 (VRA 15, 4)	24	NAME DIPPEI FUNC	ral Homes, Inc. ADDRESS	7110 Belair Road FE	TE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

U



(VRA 15, 4)

STATE OF MARYLAND

SEE LE CO. SEATON GODMAN 2 26 83 5:108 Fenale Value 2 17 14 -69 ATHROSE COUNTY TOWARD COME-GOT N. CHARLES ST. - WITT TERMINED TOWNS. do ----- 201-32-012CRoland . . telmer 31 of enley ho CIPOLORESPINATION INDEST AREHOCKEC I NOME TRICOMETRIAM DR. 11. STRNOWS, M.D. . . . . . . . . CHARLES ST. - GBMC Crumarion Phines, 121 areen mount camevery selfenore, carriered Tilliam c. Johnsonessa look kawan mayen aloo kasamonnoo .a mailila

1 15	1.	FOR STATE REGISTRAR			PARTMENT OF I	E OF MARYLAND BEALTH AND MENTAL HYO CICATE OF DEATH	REG. NO.	) 3 4	0 3
O, 75		CEASED NAME FIR	MAS	CLARENCE		DNEY	February 1, 198	DAY YEAR	7:45a M
	3. SE	Nale	4. RAC			DF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)  57  YRS.	IF UNDER 1 YEAR	
TE SE		RTHPLACE (STATE OR FOREK CORNIRY) HALL, ME		U.S.A.	MARRIE		Baltimore Count	ty	MD.
		Rossville	F	not in such facility, give	estreet address)	pital	120 USUAL OCCUPATION  LYPED WORK FOR MOST OF WORKING LE	12b. KIND C INDUSTRY:	Franklin
filled in	13a. S	//d.	OME OR OTHER IN	13c. STY 9	E BEFORE ADMISSION) R.TOWN	134. INSIDE CITY LIMITS?	130. STREET ADDRESS 6239 Bellona	Ave 2	Square H
1 12 12			<u> </u>	n Rodney"	ST	L L	Stewart	£A\$	51
be executed to and to a Property		VAS DECEASED EVER IN U YES NO OR UNKNOWN) (IF	S. ARMED FO		20-2011	Lois L. Rod	ney - 6239 Belloi		
that the death certificated by the attending physics remove cortamposition, or remove or other transfer or other transmissions.		18. CAUSE OF DEATH IE. PART I. DE ATH WAS COMMITTED IN THE PART I. DE ATH WAS COMMITTED I. DE ATH WAS COMMITTED IN THE PART I. DE ATH WAS COMITTED IN THE PART I. DE ATH WAS COMMITTED IN THE PART I. DE ATH WAS C	AUSED BY: EDIATE CAU:  the he DI	Min	we pu	lmonoreyl	Where	Se	RIMATE INTERVAL LONSET AND DEATH
he low requires on. hos been signe t permit. Then p ene prior to bur ows ony injury,	CERTIFICATION	198. DATE OF OPERATION	L CA	CONDITION FOR V	netro	truc to be	YES NO NO Y	S, WERE FINDING CAUSES	- panera
PHYSICIAN: T ending physici this certificate te buriol-transi and Mental Hygi d or Item 18 sh	MEDICAL CE	21g. ACCIDENT WAS UNDERLY: OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE)	OF DEATH	b. TIME OF INJURY IOUR A.M. MONTI P.M.	H DAY YEAR		RRED (ENTER NATURE OF INJURY IN ITEM 18	PART ( OR PART 2)	
offending of the bull of the b	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	(A)	PLACE OF INJURY	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ITAL OR ATTENDING or by the hospirol or by the hospirol or RAL DIRECTOR: All cleroched for use calcusted bept. of health in it frem 21 is month.		27a. I certify the (1) (this sow the decessed of obove, (1) (we) (did) (27b. SIGNATURE	did not new			nd that in (my) our) opinion DEGREE ATTENDING PHYSICIAN [	to 1/31 death occurred on the date and had	ur and from the	
TO HOSPITAL TO FUNERAL should be def with the Stote		Dr. k	illiam	Reichel		9000 Frai	nklin Square Driv	/e 2123	7
BP		BURIAL, CREMATION, REM (SPECIFY)  Burial		DATE 2-4-83		s of Faith Ce		COUNTY	STATE
DHMH - 16 50M 4/82 (VRA 15, 4)		John (. Mill	er Inc	6415 Bela	in Rd2		TEREC'D. BY REGISTRAR 256. R	aug Signa	Comich

walled to be to be to be associla Familia ingene panicul Alleren Thorward Cross. . . ~ \ \ \ ~ ~ ~ . \ \ 1 a contract to the second All the second of second o's the second of the second o and the second of the second o

Mr. D.E.Roesch 2412 Ravenview Rd 21093 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Mor PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (pur) opinion death occurred on the date and hour and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN CITY OR TOWN STATE Burial Baltimore Most Holy Redeemer 24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Rd 21212

FOR

- STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STATE OF MARYLAND

REG NO

12b. KIND OF BUSINESS OR

26 HOUR

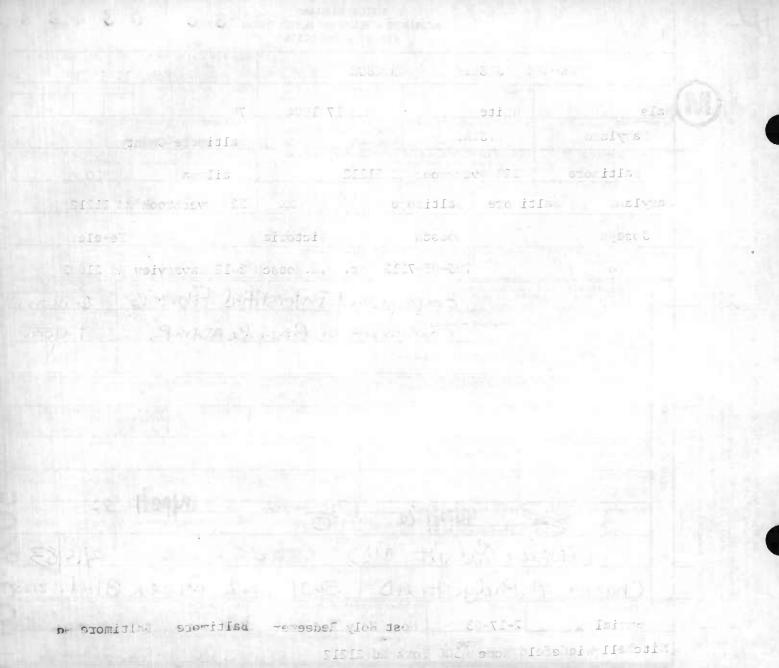
IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

Tegeler

DHMH - 16 50M 4/B2 (VRA 15, 4)



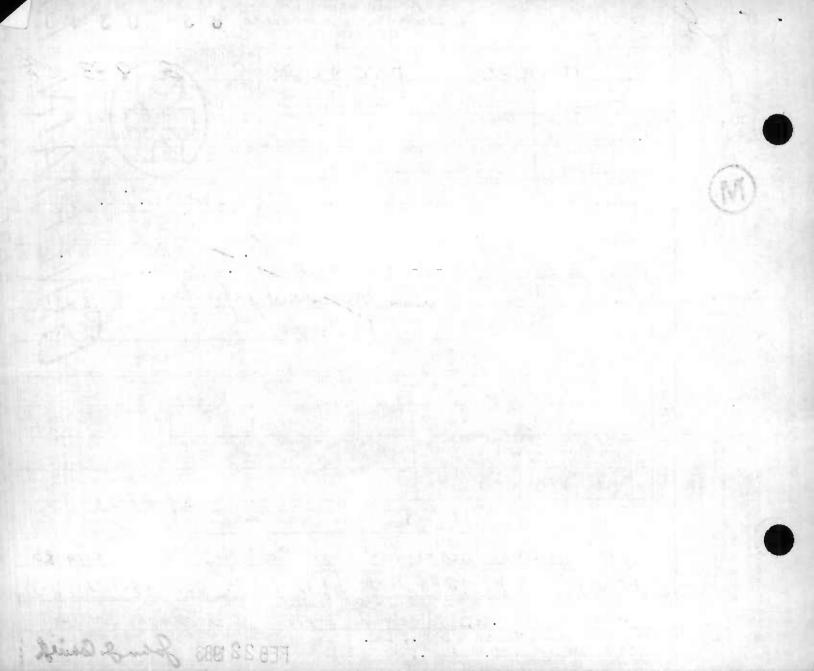
in 72 haurs after death

//	K,				STATI	OF MARYLAND		7.00		4	
5	1	FOR - STATE		DEPARTA	AENT OF H	EALTH AND MENTAL HY	GIENE 8	3	0 3	d	0 5
		REGISTRAR			CERTIF	ICATE OF DEATH	,	REG. NO.		150.00	
10		CEASED NAME FIRST	N	AIDDLE	- L	AST	20 DATE OF D		H DAY	YEAR 2	2b. HOUR
	(TYPE	E OR PRINT)	1000		Ric	enlander		10	100	02	1000
	3. SE	Han	1 RACE		1700	CINCUM	1.105	00	19	7.0	IUPN
	3. SE	+			5. DATE C		6 AGE IN YEA		MONTHS	_	HOURS MIN.
		EMALE	WHIT	E	JUN	E 15°, 1898	84		YRS		52 3.
1	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE	CITY OR CO	UNTY OF DE	ATH	14,17 5
/		S.CAROLINA	USA	A		D X DIVORCED	BALT	IMORE	COUNTY		7.84
	10 C	ITY OR TOWN OF DEATH	11. NAME OF H	IOSPITAL, NURSIN		ROTHER INSTITUTION	120 USUAL OC	CUPATION	12b /	KIND OF	BUSINESS OR
め	R	RANDALLSTOWN	OLD CO	OURT NURS	ING (	ENTER	HOUSE	EWIFE WOR	ING LIFE) IND	ATTHO	OME
-	1/4/			GIVE RESIDENCE BEFORE		BITTER	110001				
1	130. 5	STATE NIL OUN	1TY	BALTIMO	ND E	13d. INSIDE CITY LIMITS?	136503 T	DRESS IIT	APT. 21	L 4,	21215
7		MARYLAND		BALTIMO	KE	YES AX NO		AKK HI	S. AVE	· # 4	21215
	14. FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA		WIDDLE		1.467	
24	3	LESTER	NI	EWMAN		BERT		MIDDLE	RE:	INEK	
7		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMANT M	RS. BERN	TEESO	LOMON	AP	T. C
1	- 1	YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	034-16-0	1613A	6405 APOLL		BALTO			1209
						O TOO ITT OEE	O DIC.	A		APPROXIMA TWEEN ON	
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY:	101 (01, (01, 010	to V	nurundal	inter	1/1/10	88	TWEEN ON	2
	1	LIDO IMMEDIAT	re Cause (o)	un	100 11	you would	Myar	www		10	min
		TIVE	DUE TO, OR	AS A CONSEQUE	NCE OF	001/10	/			1 10	
		Conditions, if ony, which	(b)		10	SUVIO				10 8	m
		gove rise to immediate couse (a), stating the	DUE TO OR	AS A CONSEQUE	NCE OF					0	
18		underlying couse lost.	(0)	710 71 001 102 002					750		
		PART 2 OTHER SIGNIFICANT C		NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE O	OR CONDITION	N GIVEN IN P	APT IIo	
	Z			W				J. CO. 1011101		SKI VIO	
0	CERTIFICATION	190. DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOP	5Y? [20h	IF YES, WERE	EINDING	STISED
4	E.	WM						INC	ERTIFYING CA	AUSES OF	FDEATH?
7	ERT	21g. ACCIDENT WAS UNDERLYING	216 TJME OF	IN HIDV		21. HOW INTURY OCCUP		10[]	YES [		NO 🗌
7		OR CONTRIBUTING TO CAUSE OF DEA	t all conden a c	A. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATUE	RE OF INJURY IN ITE	M 18 PART 1 OR P	ART 2}	
7	V	(IF EITHER NOTIFY MEDICAL EXAMINER	1 11	۸.	19						
	MEDICAL	21d. INJURY OCCURRED	21e PLACE C	OF INJURY EET, FACTORY, OFFICE FA	DAM ETC 1	211 LOCATION STREET		CITY OR TOWN	COU	NTY	STATE
	2	AT WORK AT WORK		er, racioni, orrice in	carri, Erc y	1		1			
		22s.1 certify that (I) (this hospit	tol) ottended the	deceased from_	- 1)	19.8	to	2/16	1 198	3 the	ot (I) (we) lost
		sow the deceased alive on.	2/	19 19 8	3 on	d that in (my) (our) opinion	deoth occurred	on the date on	d hour and fre	om the co	uses stoted
		obove, (I) (we) (did) (did no: 27b. SIGNATURE	1) view the body o	offer deoth.		EGREE	,			DATESIO	
		n man	and F	2. 0 d may	//	MA ATTENDING	MEDICAL	STAFF	224.	2/1	1/02
		IN II I WWW	mi	unny	NY	PHYSICIANOL	DIRECTOR [	PHYSICIAN [		2/19	1/80
		22d PHYSICIAN'S NAME (TYPE O	R PRINT)	1 nmh oc	Own	27e ADDRESS	0000	callal	Abil	101	1/1-
		UK MINVKL	LF 100	MALLING OF	0 1/6	6610 C	11/15	CUVOV	1/1	132	VD
*		BURIAL, CREMATION, REMOVAL	23b. DATE	23c N	AME OF CI	METERY OR CREMATORY	23d LOCATI				
		BURIAL	FEB.21	.1983 R	ALTIM	DRE HEBREW	BA	LTIMORE	COUNTY	MARY	LAND
- 1	24 FL	UNERAL DIRECTOR SOL I		& BROS.	INC	25g. DA1	TE REC'D. BY REC		GISTRAR'S SI	IGNATUR	RE -
		6010 REISTERSTO		BALTO.,		21215 FF	2 2 2 109	3 5	an &	· Cas	well !
	-	SSES RELOTEROTO	71111 1111	Dittio,	IID		7 4 4 130	V			

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove corban-pape with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal

APORTANT: # Item 21 is morked or Item 18 shows any injury, ar oth



2	L	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
		CEASED NAME	FIRST	-	MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
7.5			ORGE			ROS	ENSTEIN	JANUARY	23, 19	983	6:10 R
1	1 SE	х		4 RACE		5 DATE (		& AGE (IN YEARS LAST I		IF UNDER I YEAR	IF UNDER 24 HRS
( MAIN		MALE		WHITE		DEC	. 14, 1884	98	YRS.	MONTHS DAYS	HOURS MIN.
MAIN		IRTHPLACE (STATE OR FO	REIGN	TE CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
3	5	MARYLAND		USA		WIDOW	DI DIVORCED	BALTIM	ORE COL	JNTY	MD
620	10. C	ITY OR TOWN OF DEA	тн		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12ª USUAL OCCUPA			OF BUSINESS OR
70		TOWSON		DULANI	EY-TOWSON	NURS	ING HOME	CLERK	OF WORKING EP		OST OFFI
33	130	AL RESIDENCE DE NURSI STATE MARYLAND	ANNE	OTHER INSTITUTION, TY ARUNDE I	GIVE RESIDENCE BEFOR 134. CITY OR TOW ANNAPO	LIS	134. INSIDE CITY LIMITS?	134. STREET ADDRES 450 SCHL	EY RD.	#2140	1
	14. F.	ATHER'S NAME		NODLE	1457		15 MOTHER'S MAIDEN NAV	WE			61
DIZC		NATHAN		F	ROSENSTEI	N	LENÃ	MIDDLE		UNKNÔ	ŴN
		WAS DECEASED EVER I		AED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT MRS	S. JEANNER	RES ROSI	EN	
age of		NO	(11 100, 0110		212-36-	7133	450 SCHLEY RI	D. ANNAPO	LIS, MI	2140	1
vent		18 CAUSE OF DEATH	(Enter onl	y one couse per	line far (o), (b), an	dicti				BETWEEN	ONSET AND DEATH
emo tic e		PART I. DEATH W		E CAUSE (o)	Ca	4 de	ie arres	1		1/2	1111
orr		4140	WWW.CDIA.		R AS A CONSEQUE	NCE OF		0. /	0		
tion,		Conditions, if ony,	which	(b)	artu	1600	cleratie H	DIS 600	ourb	13 m	K
emat		gave rise to imm	ediote	DUE TO O	A	NCE OF	- /	0	,	1	
al, cr		underlying cause	lost	10,0	R AS A CONSEQUI	INCE OF	arturas	luse	2	30	MB.
buri		PART 2 OTHER SIGN	JEICANTO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CO	NDITION GIV	EN IN PART 1	0
or to	S N	cl	cron	uc b	routh	1/20	& Seule	Emple	yseu	ua	
prio	3	190 DATE OF OPERAT	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		YING CAUSES	
iene pri	CERTIFICAT							YES NO		s 🗍	NO [
Hygir Hygir m 18	Ü	21a ACCIDENT WAS UND		216. TIME O		V VEAD	21c HOW INJURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM 18, P	PART I OR PART 2)	
il-trans intal H	3	OR CONTRIBUTING C		H HOUR A.	M. MONTH D. M	19					
nd Men	MEDICAL	214 INJURY OCCURR	ED	21e PLACE	OF INJURY		211 LOCATION			COUNTY	
and the c	2	WHILE NOT WH	ILE	(AT HOME, STE	EET, FACTORY, OFFICE, F	ARM, ETC }	21MEE1	CITY OR T	JWN.	COUNTY	STATE
e althe		22a   certify that (I)		al) attended th	e deceased from_	NA	V 16 19 78	10 JAN	5	19.83	that (I) (wallast
of H		sow the deceose	d alive on.	JAN	5 198	3.	nd that in (my) ( <del>our)</del> opinion (	death occurred on the	date and hou	r and from the	couses stoted
ppt.		above, (I) (we) (d	id) (did not	view the body	after death.		DEGREE			22c DA/E	SIGNED
e O = ::		A	10/20	291	Po.	Ma.	ATTENDING		AFF	1/2	2/9/
Stat	1	22d PHYSICIAN'S NA	ME LIVE OF	PRINT	BUCK	- 1011	220 ADDRESS	DIRECTOR PHYS	ICIAN	1/4	-3/07
should be detact with the State O	П	JONAS/CO						HTS. AVE.	BAL	ro., MD	
with 1	220	BURIAL, CREMATION,			122.	JAME OF C	EMETERY OR CREMATORY	23d. LOCATION		,	
	130	BURIAL	KEMOVAL				FRIENDSHIP	BALTI	MODE	COUNTY	STATE MA DAY AND
- 20		UNERAL DIRECTOR	SOI 1					E REC'D. BY REGISTRA			MARYLAND
I-16 25M 5, 4) 1/79		NAME			V & BROS.				Ja au	2. Con	ulf
F, 4/ 1//3		6010 REISTI	LRSTO	WN RD.	BALIU.,	MD	21215 HEB	1 1983		V	

as their which H his lewry 3 yet John Welcom Sand JAN 5 83 12 10 18 384 5 83 Court Color Mit

6010 REISTERSTOWN RD. BALTIMORE, MD. (21215) MAR 8

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

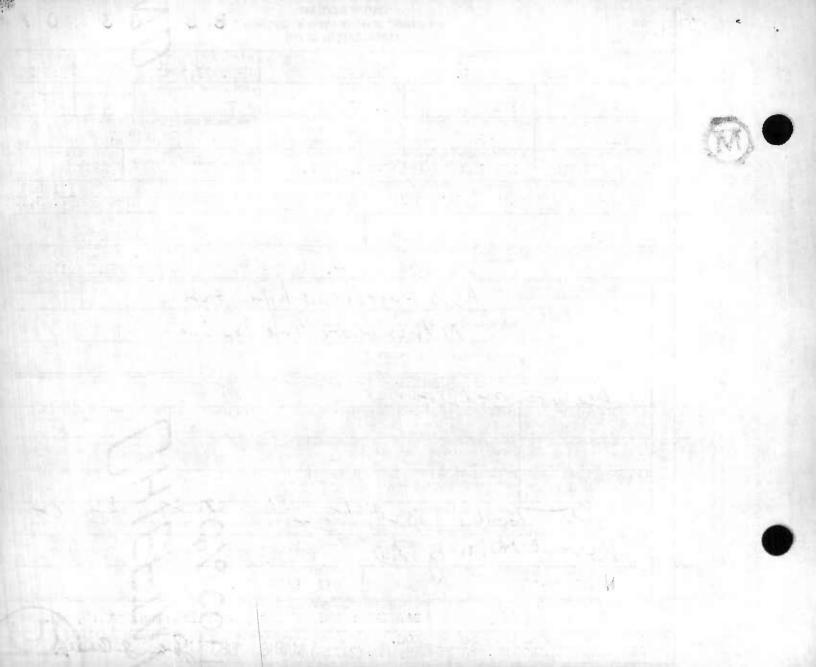
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

1983



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 8

1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
	ECEASED NAME FIRST	WIDDLE	LAST		NONTH DAY YEAR	2b. HOUR
{117	Walter	P	ROSENTHAL, SR.	February 1	5, 1983	2:05pm
3 SE	MALE	RACE	S. DATE OF BIRTH  MONTH DAY YEAR  SUME 5	6. AGE (IN YEARS LAST BIRTH	IDAY) IF UNDER 1 YE MONTHS DA	
	BIRTHPLACE (STATE OF FOREIGN 7)	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR Baltimore	COUNTY OF DEATH	M
	ROSSVELLE	(IF NOT IN SUCH FACILITY, GIVE STREET,	QUARE	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V	WORKING LIFE) INDUST	OF BUSINESS O
130.	1/1/-		YES NO (	130. STREET ADDRESS	ELL AVE. O	21221
	WALTER	ROSEN THA		MIDDLE		LAST GHES
		ED FORCES? WAR OR DATES)  213-18-1	3.22 11 2	ADDRESS	m-	OXIMATE INTER
	. A SAMAEDIATE	CAUSE (o)	osciello 6	KINGOWI	UY	nner
NOI	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	1. country it	WINAL DISEASE OR CONDI	ITION GIVEN IN PART	979 100
RIFICATION	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO D	Coronary De	20a AUTOPSY?	ITION GIVEN IN PART  20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	DINGS USED
CAL CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  DIDITIONS CONTRIBUTING TO D  196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NOT	206. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED SES OF DEATH? NO
MEDICAL CERTIFICATION	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO.  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  DIDITIONS CONTRIBUTING TO E  19b, CONDITION FOR WHICH  2 lb. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED  AY YEAR  19  211. LOCATION	200 AUTOPSY? YES NOT	20b. IF YES, WERE FININ CERTIFYING CAUSE YES IN ITEM 18 PART 1 OR PART	DINGS USED SES OF DEATH? NO
	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  DIDITIONS CONTRIBUTING TO E  196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH DA P.M.  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	OPERATION WAS PERFORMED  AY YEAR  19  21f. LOCATION STREET  3, one that in (my) (our) apinion  PEGREE	200 AUTOPSY?  YES NOTE NATURE OF HURY  CITY OR TOWN	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES  IN ITEM 18 PART 1 OR PART  COUNTY  19  e and hour and from 1  22c. DA	DINGS USED SES OF DEATH? NO  STATE
MEDICAL	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO.  190 DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  22a.1 certify that (1) (Harmonic Control)  Saw the deceased alive an obove, (1) (we) (did) (during)	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  DIDITIONS CONTRIBUTING TO DE  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.)  Wiew the body ofter death.	OPERATION WAS PERFORMED  AY YEAR 19 21f. LOCATION STREET  ARM, ETC.)  PEGREE  ATTENDING PHYSICIAN	YES NOT	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES  IN ITEM 18 PART 1 OR PART  COUNTY  19  e and hour and from 1  22c. DA	DINGS USED SES OF DEATH? NO  STATE  , that (I) (merical the causes stated)

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

CONNELLY FUNERAL

FEB 1 7 1983

C to C 3 manager or deposition Burton Marchael Later March M. C. 1777 many to the property 130 100 THE THAT IS THE BUT OF ENTER A STATE OF THE PROPERTY AS JOSEPH SANDER SANDER MORE MORE MORE MORE MORE LAND the many many and a second will also the second will be the second of th The part of the territory of the part of t

(VRA 15, 4)

8	1-	FOR STATE REGISTRAR		DEPARTM	STATE OF MARY ENT OF HEALTH AND CERTIFICATE OF	MENTAL HYG	IENE 8 3	0 3	3 4 0 9
1		CEASED NAME FIRST		MIDDLE	LAS1			MONTH DAY	YEAR 2b. HOUR
	(TYPE	JOSE	phine	Houseman	ROSS		February 2	0. 1983	4:30P M
	3. SE		4. RACE		5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIR		ERTYEAR IF UNDER 24 HRS
		FEMALE		CASIAN	2 9	1903	80	YRS.	
97	ť	RTHPLACE (STATE OR FOREIGN DUNTRY)	US.			MARRIED DIVORCED	9. BALTIMORE CITY O Baltimore		
57	F	TY OR TOWN OF DEATH	FRAN	F HOSPITAL, NURSING JUCH FACILITY, GIVE STREET A KLIN SQ.	HOSPITAL	STITUTION	TYPE OF WORK FOR MOST O	17.0	KIND OF BUSINESS OR DUSTRY  CLOTHING
35	1	AL RESIDENCE (IF NURSING HOME TATE 136 CO MD BAI		136. CITY OR TOWN	YES 🗀	CITY LIMITS?	130. STREET ADDRESS  5 CLEME	TINE CT	21237
130		THER'S NAME FIRST EORGE	MIDDLE	HOUSEMAI		R'S MAIDEN NA/ FIRST RY	WE	PH.	TLI.TPS
edica		TES NO OR UNKNOWN)   (IF YES.	ARMED FORCES		RITY NO. 17. INFORM	ANT	ADDRE		
E		NO  IB CAUSE OF DEATH (Enter PART I. DEATH WAS CAU		2120195		aret S	asscer 5 (		NE CT  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
y injury, or other red	TION	gove rise to immediate couse (a), stating the underlying couse loss.  PART 2 OTHER SIGNIFICAN	T CONDITIONS	OR AS A CONSEQUE	NCE OF  EATH BUT NOT RELATE	ED TO THE TERM		DITION GIVEN IN	PART No
2	CERTIFICATION	19a. DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATION WAS PERF	ORMED	YES NO X		EFINDINGS USED CAUSES OF DEATH? NO [
tem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)	DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 1B PART I OR	PART 2)
rked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLAC (AT HOME,	E OF INJURY STREET, FACTORY, OFFICE, FA	RM, ETC ) 21f LOCAT	ION ET	CITY OR TO	wn co	DUNIY STATE
n 21 is mo		220.1 certify that (X) (this has sow the deceased alive above, (X) (we) (did) (X)	spital) ottended  February  (Not) view the book	the deceased from	$3$ , and that in $X_n$	y) (our) opinion (	, to February death occurred on the do	ote and hour and f	
the the		226. SIGNATURE BO	ltat-	Sismo	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR   PHYSIC	FIA	2. DATE SIGNED 2/20/83
MPORTANT		Panayotis Ba		, M.D.	22¢ ADDR		in Square D	rive 21	237
≤ .	23a. E	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c N	AME OF CEMETERY OF	RCREMATORY	23d. LOCATION CITY OF TOWN	COUN	NTY STATE
-		BURIAL	2/21	1/83 OA	K LAWN	105 - DAY	BALTO.	BALT	
/82	24_FI	INEHA GEGIOR COL	1211	ADDRESS	1. 212	25a DAT	EB227985	256 REGISTRAR'S	J' Bluel

CAUCASTAN 2 S 1993 1880 S S SHIRTOID PROJECT OF SELECTION O THE A STATE OF THE --- SISOLOGIO SONO DESCRIPTIVE OFFICE --the second of the second state of the second second ALCO CONTRACTOR CONTRA 201.46

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME 26 HOUR TYPE OR PRINT) Donald William RUBY February 6, 1983 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH Male White March 15. 1920 BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Baltimore County Maryland WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Franklin Square Hospital Golden Ring Steel Worker Steel Mfgr. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Balto. Sparrows Point 7702 S. Cove Road 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST John G. Ruby Zora Palmer 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN 217 09 6859 Herbert Oliver YES APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c) Metastatic Carcinoma PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF primary poorly differentiated adenocarcinoma of lung Conditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Chronic obstructive lung disease and Hypertension 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOTA 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE January February 220.1 certify that Kithis haspital attended the deceased from rebruary 6. saw the deceased alive an abave, of (we) (did) (ac in and that in ( (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE 22c. DATE SIGNED DEGREE 2/6/83 ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN T 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 9000 Franklin Square Drive, 21237 Shore Zin Ton 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE

Pine Grove Cemetery

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR

Buria]

Burgee Funeral Home 3631 Falls Road. 21211

2/9/83

Pine Grove -

250 DATE REC'D. BY REGISTRAF

Dalta-00

The second second 2 1 , 1 2 ... olemia. Estimate or the correct that 11to, o, otto; olit, the contract of the contr ause _____anville fromoto E. . 00 CE. _____ .urill /// lite ror eter its ror ;; lte. processing on the color of the color

- STATE

(VRA 15, 4)

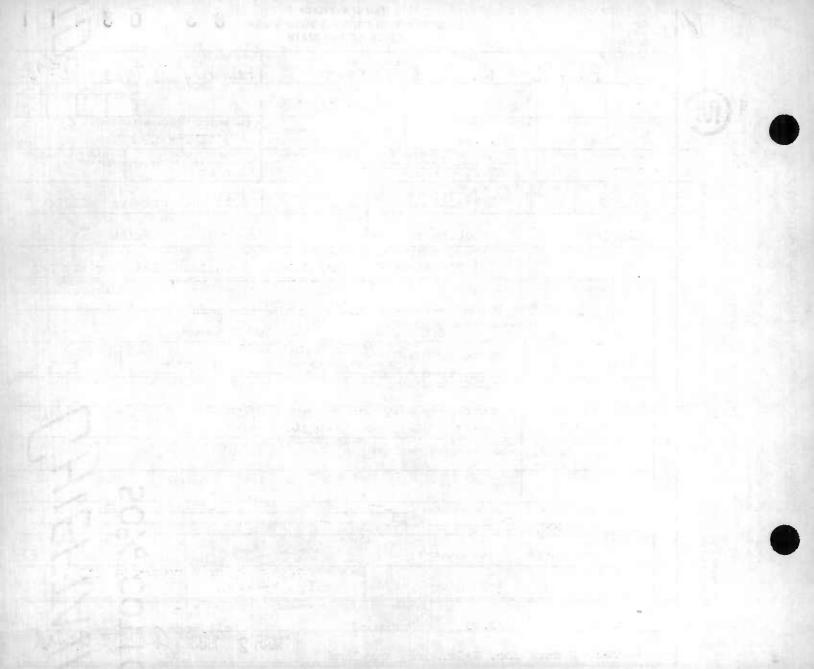
REGISTRAR

12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE 3103 Rueckert Ave 21214 LAST Smith Mrs Shirley W Holland 3103 Rueckert Ave PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 19-83 and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated 22c. DATE SIGNED 7620, YORK ROAD, TOWS ON MD 21204 050 Burial 3/3/83 Parkwood 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 Leonard J Ruck Inc. Baltimore, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER I YEAR

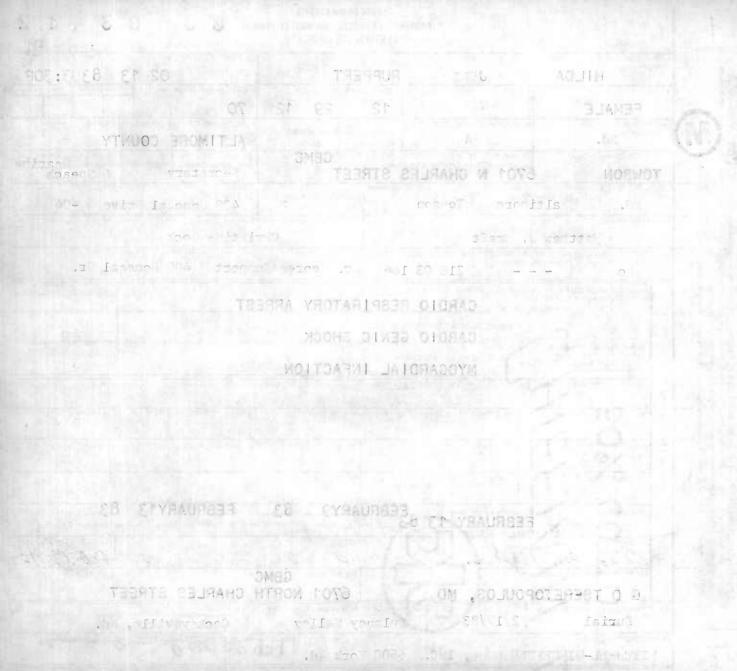


* +	FOR 1 - STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGH CERTIFICATE OF DEATH	ENE 8	3 REG. N	, 10.	0	3 4	1
	1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF	DEATH	MONTH	DAY	YEAR	2h HOUR
9 E	(TYPE OR PRINT)	1777 77 4	DUDGEDT			00	12	02	12.20

	(TYPE OR PRINT)	M	IDOLE I	ASI	20. DATE OF DEATH MO	TH DAY YEAR 26 HOUR
-	HILDA	Ju	TLIA RUPP	ERT	0	2 13 83 3:30Pm
	3 SEX	I. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNDER 24 HRS.
	FEMALE	W	12"	29 12	70	YRS.
١	7a. BIRTHPLACE (STATE OR FOREIGN )		VHAT COUNTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH
Į	Md.	US.	A WIDOWE	D DNORCED	ALTIMORE	COUNTY MD.
1	10 CITY OR TOWN OF DEATH	1. NAME OF H	OSPITAL, NURSING HOME O	DE OTHER BINDION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR INDUSTRY Hearing
6	TOWSON	701 N	CHARLES STR	REET	Secretary	& Speach
5	USUAL RESIDENCE (IF MURSING HOME OR OF 130. STATE  Md. Balti	more	Towson	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 409 Donega	1 Drive 2/204
A	14 FATHER'S NAME	DOLE	LAST	15. MOTHER'S MAIDEN NAM		LAST
0	Matthew J			Chr	istina Rock	LAST
٦	160 WAS DECEASED EVER IN U.S. ARM		166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
	(YES, NO OR UNKNOWN) [IF YES, GIVE	WAR OR DATES)	218 03 1663	Mr. George Ru	ippert 409	Donegal Dr.
	18 CAUSE OF DEATH (Enter only	ane cause per l	line far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED	CAUSE (a)	CARDIO RESPI	RATORY ARRE	ST	
	4100	DUE TO OR	AS A CONSEQUENCE OF			SOLO REMOVED DE LA
1	Canditions, if any, which		CARDIO GENIC	SHOCK		
1	gave rise to immediate cause (a), stating the		AS A CONSEQUENCE OF			
	underlying cause last.			NEACTION		
H	PART 2. OTHER SIGNIFICANT CO				NAL DISEASE OR CONDITION	ON GIVEN IN PART 11a
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING					
i	19a DATE OF OPERATION	196 CONDIT	TION FOR WHICH OPERATION	N WAS PERFORMED		FYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
	100	- 70/80			YES NO	YES NO
V	OR CONTRIBUTING TO CAUSE OF SEAS	21b. TIME OF	INJURY A. MONTH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART T OR PART 2)
Ĩ	(IF EITHER, NOTIFY MEDICAL EXAMINER)  216. INJURY OCCURRED	P.A				
	21d. INJURY OCCURRED	21e. PLACE C		21f. LOCATION	CITY OR TOWN	COUNTY STATE
			TT C.CTORN OFFICE TIRM FICE			
	WHILE NOT WHILE AT WORK	(AT HOME, STRE	ET, FACTORY, OFFICE, FARM, ETC.}	SIREEI	CIIIOMIOWI	STATE
	220   certify that (I) (this hospite	al) attended the	deceased from FFRI		_, toFFBRUARY	
	22e I certify that (I) (this hospits	al) attended the	deceased from FEBRL	  ARY91983	_, toFFBRUARY	
	220   certify that (I) (this hospite	al) attended the	deceased from FFBRL RY 13 1883 , on other death.	  ARY91983	_, toFFBRUARY	13, 1983, that (I) (we) last
	220 I certify that (I) (this hospite saw the deceased alive an above, (I) (we) (did) (did not	al) attended the	deceosed from FEBRI RY 13 1833, on onliner death.	IARY9 , 1983 d that in (my) (our) apinion d	, to FERUARY leath accurred an the date of	13. 1983 , that (I) (we) last and hour and from the causes stated
The second second	220 I certify that (I) (this hospite saw the deceased alive an above, (I) (we) (did) (did not	al) attended the FBRUAF view the body of	deceosed from FEBRI RY 13 1833, on onliner death.	JARY9 1983 Id that in (my) (our) apinion d DEGREE ATTENDING	, to FERUARY leath accurred an the date of MEDICAL STAFF DIRECTOR   PHYSICIAN	13. 1983 , that (I) (we) last and hour and from the causes stated
	270 I certify that (I) (this hospits saw the deceased alive an above, (I) (we) (did) (did not 27b. SIGNATURE	view the body of	deceosed from FEBRI XY 13 183 , on after death.	JARY9 . 1983 d that in (my) (our) apinion d DEGREE MO ATTENDING PHYSICIAN	mEDICAL STAFF	13. 1983 , that (I) (we) last and hour and from the causes stated  22c. DATE SIGNED  Feb- (3, 1883
	220 I certify that (I) (this hospite saw the deceased alive an above, (I) (we) (did) (did not 22b. SIGNATURE	view the body of	deceosed from EEBRI RY 13 183 , on other death.	JARY9 , 1983 d that in (my) (our) apinion d DEGREE PHYSICIAN T 22e ADDRESS GBMC	mEDICAL STAFF	13. 1983 , that (I) (we) last and hour and from the causes stated  22c. DATE SIGNED  Feb- (3, 1883

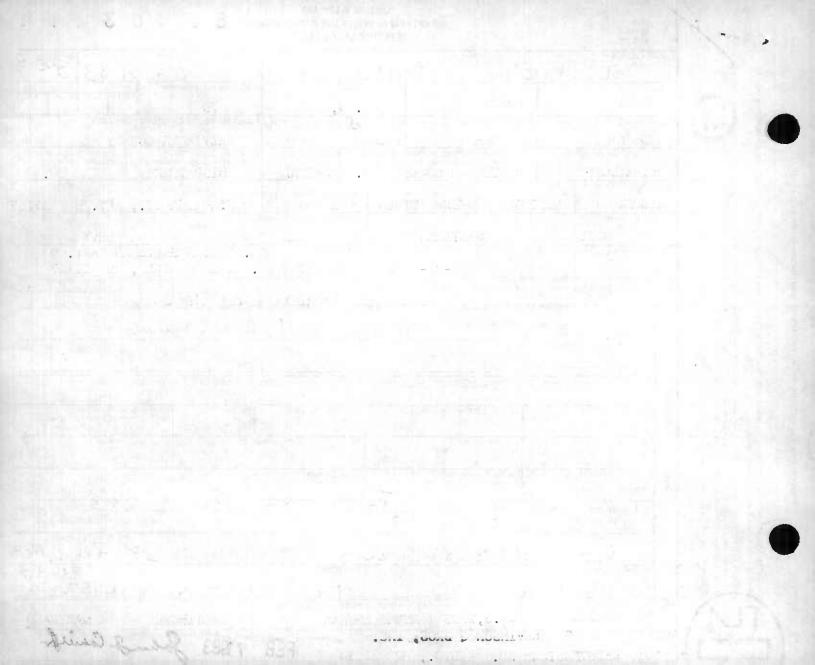
DHMH - 16 50M 4/82 (VRA 15, 4) 24 FUNERAL DIRECTOR
MITCHELL-WIEDEFELD HOME, INC. 6500 York Rd.

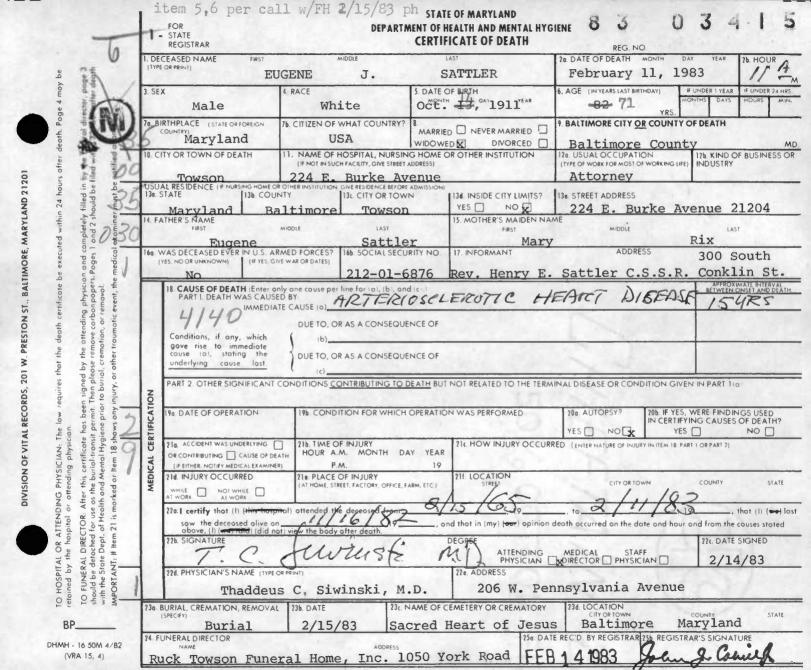
25 PATE REC DI BY 9508 STRAR 250 BEGISTRAPES ICHALDE



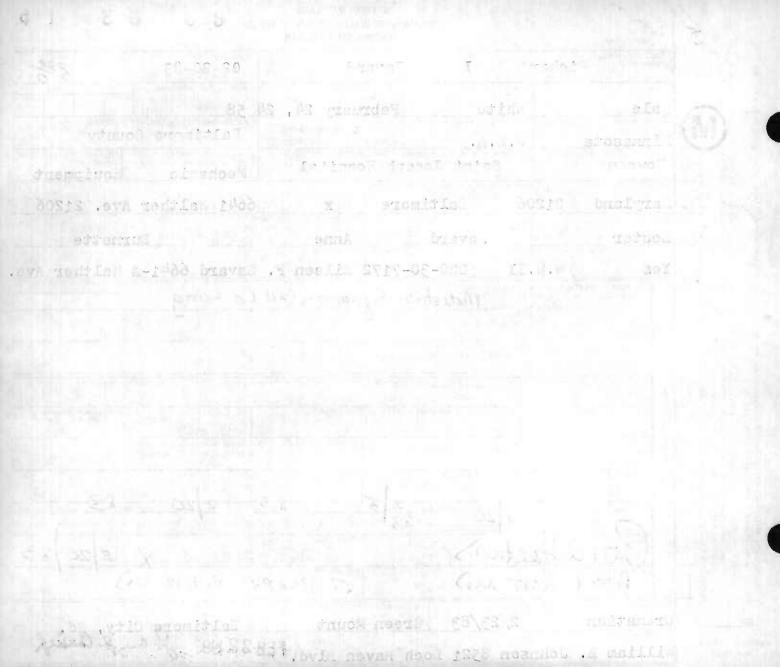
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13:	1-	STATE						AND MENTA			0 3	4 1	3
		REGISTRAR CEASED NAME	FIRST	ME	MIDDLE	EXAMIN	IEK 2 (	CERTIFICATE	OF DEA	, KEO.			
1		E OR PRINT)			WIDDIE			LAST		20. DATE KNOWN OF ESTI-	3 gith	DAY YEAR	R 26 HOUR
5		Willian			ohn			Ruzicka		DEATH MATED	2byV3	11/12/9	B OFM
	3 SEX		ACE	5. DATE OF BIRTH	YEAR	LAST BIRTHO		DER 1 YR. IF UNI	DER 24 HRS.	2c. DATE	7 MONTH	DAY YEA	R 2d HOUR
			hite	11 25			RS.	THOUSE THOUSE	Mile	DEAD D	Wary	11208	3 6PM
	7a. 81	RTHPLACE (STATE (	)R	76. CITIZEN OF WI	HAT COUN	ITRY?	8. MARR	IED NEVER MA	ARRIED	9. BALTIMORE CIT	_		
		Md.		USA			WIDOW		DRCED 🗆	Balto.		3	MD.
١.	10 CI	TY OR TOWN OF E		II. NAME OF HOS	PITAL, NU	RSING HOM	E, OR OTH	ER INSTITUTION	12a. USU	JAL OCCUPATION	TYPE OF WORK	2b, KIND OF OR INDU	BUSINESS
4	)(0	Tows		Greate:				Ctr.	A	ccountant	t /	Accou	nting
70	USUA 13a. S1	L RESIDENCE (IF IN	NURSING HOME O	OR OTHER INSTITUTION, GI	VE RESIDENCE	BEFORE ADMISS	ION)	had incine city timite	2 13. STD	EET ADDRESS			
		Md.	Bal	to.	Tit	or town moniu	m	YES NO	X 22	10 Midric	lge Rd.	, 210	93
7		THER'S NAME		WIDDLE		in.		15. MOTHER'S MA	IDEN NAME	MIDDLE		1,	
C		aroslav			1	Ruzick	a	Rosalie		MIDDLE	K	aspar	
T	16a. W	AS DECEASED EV	ER IN U.S. ARA	MED FORCES?	164, 500	TAL SECURO	YND.	17 INFORMANT		ADDRE	SS	212	39
1		No	(1) 123, 0142	WAR OR DATES!	217	2-05-2	678	Mary R	. Cro	ok, 931 I	Litchfie	ld Rd	. ,
Ī		IB. CAUSE OF DE	ATH (Enter onl	ly one cause per ine	10 (a) (b)	, and (c). /			74	01		APPEOXIM	ATE OFTERVAL
6		PARTIDEATH	WAS CAUSED		D.	ede	ec	-(DA	110	1	1	udn	Dre .
5		429	2	DUE TO DR	MACON	SEQUENCE	OF	1	10	0			
KEW			f any, which o immediate	1/1/1	Des	net	en	d A	51	112	U	I	No
		couse (o) stat	ing the under-	DUE TO, OR	AS A CON	ISEQUENCE	OF					1	
	180	lying couse lo	st.	(c)								11	
		PART 2 DINER SIGNIFI	ANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERM	AINAL DISEASI	E DR CONDITION GIVEN I	N PART 1 (g)				
	O	100											
5	ATI	19a DATE OF OPI	RATION	196 CONDI	TION FOR	WHICH OPER	RATIONW	'AS PERFORMED?				20 AUTOPS	Y?
4	TIFIC	1									110	YES 🗆	NO X
2	CERTIFICATION	210 EXTERNAL C	_	2 Th. TIME OF		DAY YEA	21c. HC	OW INJURY OCCU	RRED (ENTER )	NATURE OF INJURY IN ITEM	18 PART 1 OR PART		-
1	TAL	UNDERLYING CONTRIBUTING	OR CAUSE OF D			DAY YEAR	`						
	MEDICAL	21d. INJURY OCC	JRRED	21e PLACE	OF INJURY	(AT HOME,		CATION					
	*	WHILE AT WORK	WORK C	STREET, FACT	ORY, FARM, E	IC.)	S	STREET		CITY OR TOWN	COUN	TY	STATE
		100		(4)	2					-			
				e of the remains des			Autap		1	Inquiry I	and in my apin	iion	
		death resulted fr	Natur	al cause	Accident	LJ. Su	icide 📖	Homicide	Undet	ermined manner	١,	1	1
		ACTUAL	1000	90 TT	10		. All	21/08	1		DATE	Min	bo
5		SIGNATURE	in	010	20)	in	EUN.	DIJ Ju	MED	ICAL EXAMINER	SIGNED	114	5
1	-	EXAMINER'S NAM (TYPE OR PRINT)	E Cha	rles F. (	)IDa	no11		// 75	11 77	-1- D-1 -2	1204	1	
	00 5									k Rd., 2	1204		
	23a.Bl	Burial	, REMOVAL 2	3b. DATE 2/15/83	23c. h	NAME OF CE.	METERY O	R CREMATORY		CATION OR TOWN MONIUM	Ball	to.	Md.
-		DUTIAL DIRECTOR		2/13/03	11		2109		JE DECID BY		GISTRAR'S SIG		272.0.
- 1	-	NAME		ADDRESS	0 717			Jan Ber	B14	1983	COSTRAR S SIC	Cale	1
	J.	E. Low	en rer	mmon, l	UW.	Pado	nia K	a.	-11	7			

10 1. Love Legge of , 18 2. Gadenie d. FEB 14 1883 Jan 2 Ching





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8	lı	FOR - STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE & 3	0	3 4	17
	1. [	PECEASED NAME FIRST	The state of the s	MIDDLE	i.	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
be 3 eoth	10	EDMUND	PATTE	RSON	SCAF	RLETT	February	14. 19	83	530 M
	3. 5	EX	4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIR		INDER 1 YEAR	IF UNDER 24 HRS
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<b>金加製 8</b> 5つ	70.	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY	8	NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF	DEATH	
THE ST	9	Maryland	US	SA	WIDOWE			re Cou	nty	MD.
p 9 3	10	CITY OR TOWN OF DEATH		HOSPITAL, NURSI		R OTHER INSTITUTION	12a USUAL OCCUPAT	ION		BUSINESSOR
S of the state of	2	Owings Mills	210 G	olf Cour	se Ro	1. 21117	Farmer			mploye
212 Jin Jin be f	July US	UAL RESIDENCE (IF NURSING HOME OF STATE 13b. COL	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
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ithin ithin 2 sh		FATHER'S NAME	WIDDIE	LAST	WILLIE TO	15. MOTHER'S MAIDEN N.	AME .	951 177	12.1	
be de poor	0	Charles Ed		Scarlett	15	Beatric	e	Pa	atters	on
RE, de co	160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRI	ESS		
m and con Poges		NO NO OR UNKNOWN) (IF TES. C	SIVE WAR ON DATES)	215 03	3376	Ruth F. S	carlett,		Same	3
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of thending physician and completely filled in by the tribs certificate has been signed by the ottending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers: Pages 1 and 2 should be filled than and Mental Hygiene prior to burial, cremation, or removal.  Or seed or them 18 shows any injury, or other troumotic event, the medical adminer must be more and or them.	NO	Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, O  DUE TO, O  DUE TO, O  (c)	OR AS A CONSEQUENCE AS A CONSEQUENCE ON TRIBUTING TO	ENCE OF	Lung C	MINAL DISEASE OR CON	DITION GIVEN	IN PART 110	
I low re low re prior re prior re prior ws ony i	CERTIFICATION	19a. DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, W	G CAUSES C	OF DEATH?
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IVISION OF A GC PHYSICIAI othending ph ter this certifii s the buriol-ir ond Mentol in	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC )	21f LOCATION STREET	CITY OR TO	)wn	COUNTY	STATE
attenblin spitol or CTOR: Af for use o of Health		220.1 certify that (I) (this sow the deceased alive a above (I) (and (did not))	on	1 2 19	83_, or	d that in (my) (evr) apinion		, .	nd from the co	
Y the ho y the ho RAL DIREI detoched dote Dept		27h AIGH ATURE	Bon	Dea		ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE S	15/83
TO HOSPITAL of retoined by the TO FUNERAL should be detoon with the Store I MPORTANT: II		Dr. Albert					alto. Co.,	MD		
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DHMH - 16 50M 4/B2	24	FUNERAL DIRECTOR Hen	ry W.	Jenkins.	& Sor		ATE REC'D. BY REGISTRAR	256 PEGISTRA	R'S SIGNATU	RE
(VRA 15, 4)	4	905 York Road	-	ADDKE 33			EB 171983	John	. S. Ca	welf

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20	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		<b>3 0</b>	3	4 1 8
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		larvland		S.A.	MARRIE	NEVER MARRIED	1	ORE COUN'		MD.
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ordates	13a. S	at residence (if nursing hostate 136 Caryland 2	e or other institution ounty 1239	on give residence sefore 13c. CITY OR TOW Baltim	N	13d. INSIDE CITY LIMITS?	130. STREET ADDI 1700 M	eridene	Driv	e21239
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wsicio apera aval.		18 CAUSE OF DEATH (Enter	er only one couse p	per line for (a), (b), and	d (cl.)	0	1		BETWEEN	MATE INTERVAL ONSET AND DEATH
banp remo	19		DIATE CAUSE (0)	Derne	0	Cosses	N	and fa	yan	none
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by the of use removing the of		gove rise to immediate cause (a), stating the underlying cause last	DUE TO.	OR ASACOMSEQUE	NCE OF	Teic Le	ent	Risa	Lyc.	ars
signed Then pled to burid njury, or	NO	PART 2. OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION GIVE	N IN PART 1	0'
an. has been to permit. ene prior ows any in	CERTIFICATION	190. DATE OF OPERATION	19b CON	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY	IN CERTIFY		NGS USED S OF DEATH?
ng physici certificate rial-transi ental Hyg frem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR	OF INJURY A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE O	OF INJURY IN ITEM 18 PA	RT   OR PART 2)	
attending of the strength of t	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLAC	CE OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CIT	ORTOWN	COUNTY	STATE
pital ar TOR: Affar use a of Health	1	220.1 certify that (bythis h saw the deceased aliv above, (Xiwe) (did) (d)	nospital) attended	the deceased from	2 <b>-</b> , or	d that in (m $X$ (our) opinion	to	the date and hour		that (fr (we) last
At DIREC detached detached of Dept.		22b. SIGNATURE	ON	mer	) K	DEGREE PHYSICIAN	MEDICAL P	STAFF HYSICIAN 🗆	22c. DATE 2/	SIGNED 9(43
should be with the Str		GRACITO I		, M.D.		7620 YO	RK ROAD I	OWS ON MD	21204	
BP		BURIAL, CREMATION, REMO SPECHY)				emetery or crematory od Cemetery	23d. LOCATION CITY OR TO Balt	WN	COUNTY	STATE
MH - 16 50M 4/82		JNERAL DIRECTOR	12.001	ADDRESS		25a. DA	BEC'D. O REGIS	TRAR 25b. CEGISTR	AR'S SINA	Burn d
(VRA 15, 4)	W	lliam E. J	ohnson	8521 Loc	h Ra	ven Blvd.	.0 0 100	0	0	

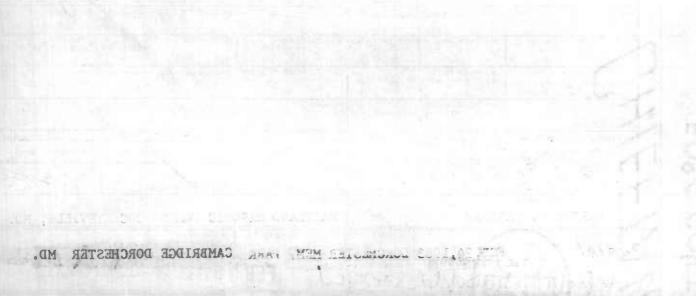
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10		REGISTRAR		MI		EXAMINE			CATEO	F DEA	TH REG	G. NO.		
		CEASED NAME PE OR PRINT)	FIRST		MIDDLE			LAST			OF ESTI	N CHIN	H DAY YEAR	26. HOUR
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Y, PLEASE URECTOR. UR FILES. 2 HOURS	3. SE	X 4_F	RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHDAY	S IF UN		IF UNDER		2c. DATE	MONTH	DAY YEAR	2d. HOUR
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2		IRTHPLACE (STATE	OR	76. CITIZEN OF W	HAT COUN	ITRY?	MARRIE	ED X NEV	VER MARRIE	ED 🔲	9. BALTIMORE C	TY OR COU	NTY OF DEATH	
Z Z		Marylar		USA			WIDOW		DIVORCE		Baltime	ore Co	ounty	MD
S	10. C	ITY OR TOWN OF	DEATH	11. NAME OF HO			OR OTHE	ER INSTITUT	TION	12a. USU FOR N	AL OCCUPATION	(TYPE OF WORK	OR INDUS	USINESS TRY
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MD. 21201 H. IF ANY DE 2, AND 3 7 3. RETAIN 7 3. RETAIN 7 4 RECORD		AL RESIDENCE (IF II	13b. COUN	PROTHER INSTITUTION, O		OR TOWN		13d. INSIDE CI	ITY LIMITS?	13e. STRE	ET ADDRESS	Coc	keysvill	е,
M AATA	-	Id.	Balt	0.	Cocl	keysvil	le	YES 🗌	NO X	5 B	Firefly	Circ!	le, M	d.
A 1.23.33.	14. F.	ATHER'S NAME		MIDDLE		LAST		FI	R'S MAIDE		MIDDLE		21030	
ORE, M DEATH CGES 1, M PM DAND OF VILL		James	Wesle		ahane		9.17		ath	F	Clizabetl		olgiano	
TER DE FORM ES 1 AI	{ Y	WAS DECEASED ET	VER IN U.S. ARA	MED FORCES? WAR OR DATES)		TAL SECURITY		17. INFORM			ADD	RESS5B	Firefly	Cr.
BALTIMORE, MD. RES AFTER DEATH. IF RES AFTER DEATH. IF RESES 1, 2, 3, 4, 11, 11, 11, 11, 11, 11, 11, 11, 11,	N	0		•	1218	-18-84	32	Mr.	Loui	s P.	Schaef	er, Jr	· Cocke	ysvill
2 8 3 1 0		18 CAUSE OF D	EATH (Enter and	y ane cause per lin	e / / (b)	, and (c)			11-	2	-		RECWEEN CHIS	TE INTERVAL
ON ST TEM HOU ONG PERMI SIENE,		410	MMEDIAT	E CAUSE (a)	LIL	1 de	ec	- /	the	151			Seen	den
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W. PRE WITH MINER TRANS OR REA		gave rise	ta immediate	(b)	100	nni	ci	eca	1	TO	1/12/	1000	Secci	den
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S. S				(c)	18	20 C	V	2					4-1	es
BIVISION OF VITAL RECORDS, 201 W. PRESTON S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 H RITING THE WORD "PENDING" IN PENCIL IN ITEM REDED TO THE CHIEF MEDICAL EXAMINER ALON RES AROULD BE USED AS BURBLA "TRANSIT PER EDEPARTMENT OF HEALTH AND MENTAL HYGIEN OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.	z	PART 2 DIMER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO DEAT	BUT NOT RELA	TEO TO THE TERMIN	AL DISEASE	OR CONDITION	N GIVEN IN PAR	T 1 (a).			//	
RECOL	CERTIFICATION	19a. DATE OF OP	FRATION	TINK COND	ITION FOR	WHICH OPERA	TIONIA	AS DEDECOR	MEDO				//	
< UU=N#-	FIC	TAL DATE OF OF	ENATION	170. COND	HONTOR	WITHCIT OF ERA	11014 447	AS FERFOR	MED!				20 AUTOPS	
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S PART OF TO	MC	UNDERLYING CONTRIBUTING	OR		M. MONTH		111.110	W II JOKI	OCCORRE	) (EIGIER IG	ATORE OF HAJORY HATH	EM ID PART I OR	-ARI 2]	
ISIO SHC SHC PRIO PRIO	MEDICAL	21d INJURY OCC			of Injury	19 (AT HOME,	21f. LOC	ATION						
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DIVISION OF VIT THIS CERTIFICATE SHE E, WARTING THE WORR RWARDED TO THE CH ROGE SHOULD BE US FIRE DEPARTMENTO COLL COLL COLL COLL COLL COLL COLL CO	1	AT WORK A	TWORK									-		
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SEAT STEE		SIGNATOR	Hann	21000	-ma	ucce	_ M.I	14	101	MEDI	CALEXAMINER	SIGN	1ED	1000
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TO MEDICAL EL EXECUTE THE CI PAGE 4 SHOUL ATTENDEATH AL BALTIMORE, MA	23a. B	URIAL, CREMATIO				AME OF CEME		ALC: UNIT CANADA	ORY	[23d LO	CATION			
BP	(:	urial		2/28/83		laney				CITY C	monium			STATE
DHMH - 17	24 F	UNERAL DIRECTO	R					12	25a. DATE R	EC'D. BY	REGISTRAR 25	REGISTRAR'S		
(VR A15 ME (5))	L	emmon-	Mitche	ell-Wied	efeld.	Inc. 1	0 W	. Pak	defield	88	1983 1%	hung	h lawely	K
20M 4/82														

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(VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	FICATE OF DEATH	REG. NO	).		
	CEASED NAME	FIRST		MIDDLE		LAST		MONTH	DAY YEA	R 26 HOUR
( I TPE	: OR PRINT)	Mamie		M	SCH	HILLING	February	13,	1983	4:33P M
3. SE.	x		4 RACE		S. DATE (		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 Y	YEAR IF UNDER 24 HRS.
	Female		Whi	te	Mau		80	YRS		ATS HOOKS MIN.
	RTHPLACE ESTATE	OR FOREIGN		WHAT COUNTRY?	8.		9 BALTIMORE CITY O			н
-	Maruland		U.S	7	WIDOWI	D NEVER MARRIED DIVORCED	Baltimore	Cou	ntv.	MD
	ITY OR TOWN OF	EATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME (	OR OTHER INSTITUTION	120. USUAL OCCUPATE	NC	12b. KIN	D OF BUSINESS OR
	Essex			ch facility, give street in Square		ni tal	Home Mak		LIFE) INDUS	IRY
USU.		LIST COU	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	-/-		1
17.30	arulaid		timore			YES NO W				
	ATHER'S NAME	I ball	LIMOTE	Perry Ha		15. MOTHER'S MAIDEN NA	4502 Sand	ra. L	ake Ro	21128
	FIRST		MIDDLE	LAST		FIRST	MIDDLE			LAST
16- 1	David VAS DECEASED EV	ED IN LLC AL	DIAED EODCESS	Rosenfeld		Rose	ADDRE	cc	Stra	wski
	YES, NO OR UNKNOWN)		VE WAR OR DATES)	100 SOCIAL SECO	RILY NO.	17. INFORMANT	ADDRE	33		
	No			213-74-1	620	Mrs Marler	ne E Oliver	11/11	Same	
	18 CAUSE OF DE. PART I. DEATH	ATH (Enter a	nly one cause per	line for 101 101, and	dici	0	- /-	1100	BETW	PROXIMATE INTERVAL
	PARTI. DEATH		TE CAUSE (a)	Con	ilea	e (1/109			TIM	15 Tan
	4140		DUE TO O	R AS A CONSEQUE	NCE OF					
	Canditions, if a	ny, which	( ;b)	4/1	lout	Aucion			12	O VUC
	gove rise to i	mmediate	}	10				9.7		
34	underlying cau		DUE TO, O	RAS A CONSEQUE	DA CO	1- Part H	rc. 1 111	20	2	121/11
	PART 2 OTHER SI	GNIFICANT	CONDITIONS CO		DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OF CONF	ITION C	IVENLINI DAD	Tim
N	TAKE 2 OTTEK ST	Nu	CO14D1110143 <u>C1</u>	OIVIRIDOTIVO TO L	DEATH BOT	NOT KEERIED TO THE TERM	MINAL DISEASE OR COINE	7111014 6	NA ELA HA LAK	i IId
CERTIFICATION	190. DATE OF OPER	RATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF Y	ES, WERE FIN	NDINGS USED
SE	~		1					IN CERT	TIFYING CAU	ISES OF DEATH?
ERT	21g. ACCIDENT WAS I	INDERIVING F	7 216. TIME C	NE IN HIDV		21c. HOW INJURY OCCUR	YES NO		YES 🗌	NO 🗆
	OR CONTRIBUTING	-			AY YEAR	TIL HOW INJURY OCCUR	KED (ENTER NATURE OF INJUR	Y IN ITEM 18	B. PART 1 OR PART	(2)
MEDICAL	(IF EITHER NOTIFY M			м.	19					
	21d. INJURY OCCU	JRRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	APA ETC I	21f LOCATION	CITY OR TO	VN	COUNTY	r STATE
2	AT WORK AT	WHILE		activities of the contraction	1		3	1		
	220.1 certify that	(I) (this hasp	ital) attended th	ne deceased fram_	Van	19/00	10 MCSE	1	, 19 83	_, that (1) (we) last
-	saw the dece	ased alive ar	Dee	190	1900	that in (my) (aur) apinian	death accurred on the do	te and he	our and fram	the causes stated
	22b. SIGNATURE	) (aia) (aia ni	ot) view the body	after death.	3/	DEGREE			22c. D	ATE SIGNED
	Vin	111	11.0-				MEDICAL STAF	F	10	10 5 7
	22d, PHYSICIAN'S	NAME OF	CO CO	35/1	1	PHYSICIAN 2	L DIRECTOR   PHYSIC	IAN	_ X	16.43
	100 100 100 100	//								
	M.W	. vacc	obson M	.D.		6810 Park	Heights Ave	B	altimo	re, Md
23a. E	BURIAL, CREMATIO	N, REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			

Western

DHMH - 16 50M 4/B2 (VRA 15, 4)

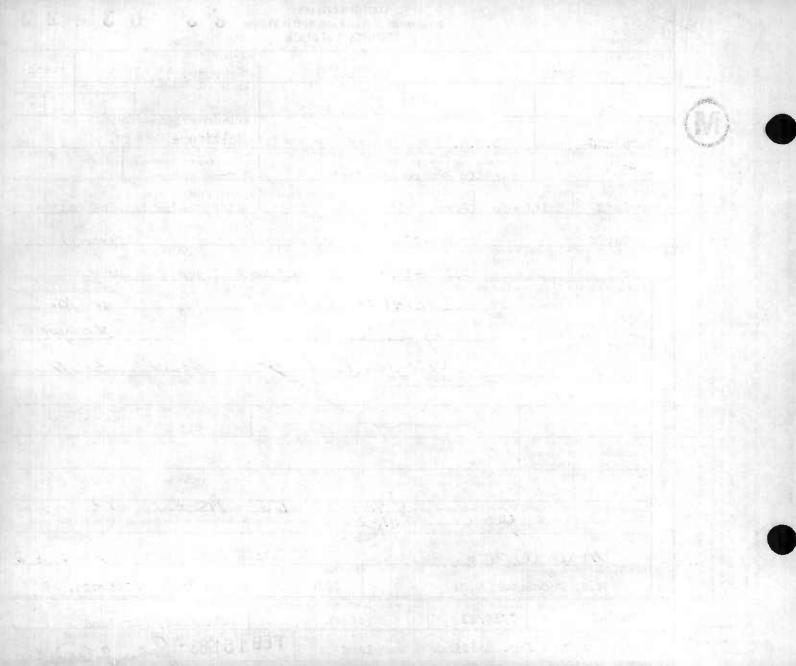
BP.

ISPEC Burial

24. FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore, Maryland

2/16/83

d LOCATION
CITY OR TOWN
Baltimore, Maryland 25 DATE REC'D. BY REGISTRAR 250 DEGISTRAR'S SIGNATURE



stor, page 3

FOR - STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	3	0	3	4	2	

2		CEASED NAME FIRST Effic	۸	SCHROE		IAST	February	MONTH 15 ,	1983	26 HOUR 5:30 F
5	3. SE	`ema <b>l</b> e	4 RACE White	9	5. DATE (	DF BIRTH  DAY  17 1893	6. AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER I YEAR	IF UNDER 24 HR
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8 MARRIE WIDOW	D NEVER MARRIED DIVORCED	Baltimore City o			٨
1	R	OSSVILLE	Frank	lin Squa	are ]	ROTHER INSTITUTION Hospital	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF MOST	F WORKING	LIFE) INDUSTRY	of Business of malcing
	13a. S	A STATE OF THE PARTY OF THE PAR		GIVE RESIDENCE BEFORE 13c. CITY OR TOW		134 INSIDE CITY LIMITS? YES \( \text{NO} \)	13e STREET ADDRESS Rivervie	v Nu	2122 ersing	
2	D	avid	MIDDLE	May		15. MOTHER'S MAIDEN NA. Mary	WIDDLE		Shav	er
ı		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	215-54		Kenneth S	chroeder	( 6	2 <b>11</b> 28) Belai	r Rd.
	Z	Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost.  PART 2 OTHER SIGNIFICANT (	( (c)	Pneumo	NCE OF	NOT RELATED TO THE TERM	ninal Disease or Con	DITION C	GIVEN IN PART I	0
	CERTIFICATION	PART 2 OTHER SIGNIFICANT (				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF Y	GIVEN IN PART TO YES, WERE FINDII TIFYING CAUSES	NGS USED
1	MEDICAL CERTIFI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED AT WORK AT WORK	P.A 21e. PLACE C	A. MONTH DA	19	21c. HOW INJURY OCCURI 21f. LOCATION STREET	YES NO X RED (ENTER NATURE OF INJUI	RY IN ITEM 1	YES 🗌	NO STATE
		220.1 certify that (I) (this haspi saw the deceased alive an above three table) (did no 22b 8 GNATURE	J. (			15 19 83 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F \		
		Ramon	a Robins	on, MD		9000 Frank	lin Square	Dr.,	21237	
		BURIAL, CREMATION, REMOVAL	23b. DATE			CEMETERY OR CREMATORY Chaels Luth	23d LOCATION Ball Tri me	or o	COUNTY M	a rv tale

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

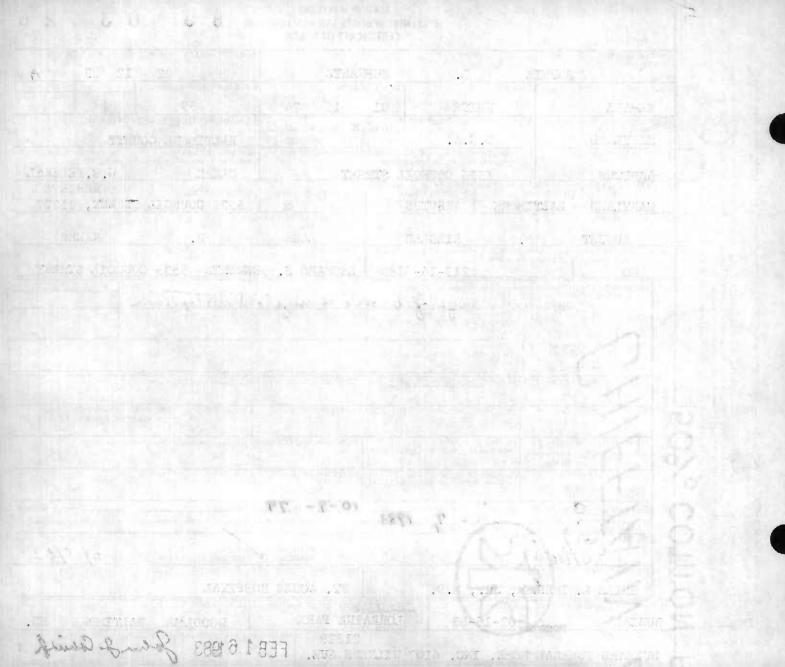
TO HOSPITAL OR ATTENDING PHYSICIAN: The low

IMPORTANT: If Item 21 is marked or Item 18 shows any injury. TO FUNERAL DIRECTOR: After this certificate has been sign should be detached for use as the burial-transif permit. Then with the State Dept. of Health and Mental Hygiene prior to be

Burial
24 FUNERAL DIRECTOR

FEB 2 2 1983 Francis Registrar's Signature

rate little and the second mid in 1960 mebocaded durange of fueril - 115 Storate of . Storate of . Storate



William E. Johnson8521 Loch Raven Blvd

FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A. 425: 4 25: 41: 1 N. E. 1. 1997 | Mg A.5.0 Smoll Starphyold To Be San Housewile Marrylynd Leaflagne 21204 . 1002 Intervile Mr. 21204 . bi singanni Objetinekdom ingi mažiliža 3017-9-714 arisi ( and and ) of Lorranne rate cometery care, to, an

The Hover Heal ISC December 14 mail 14

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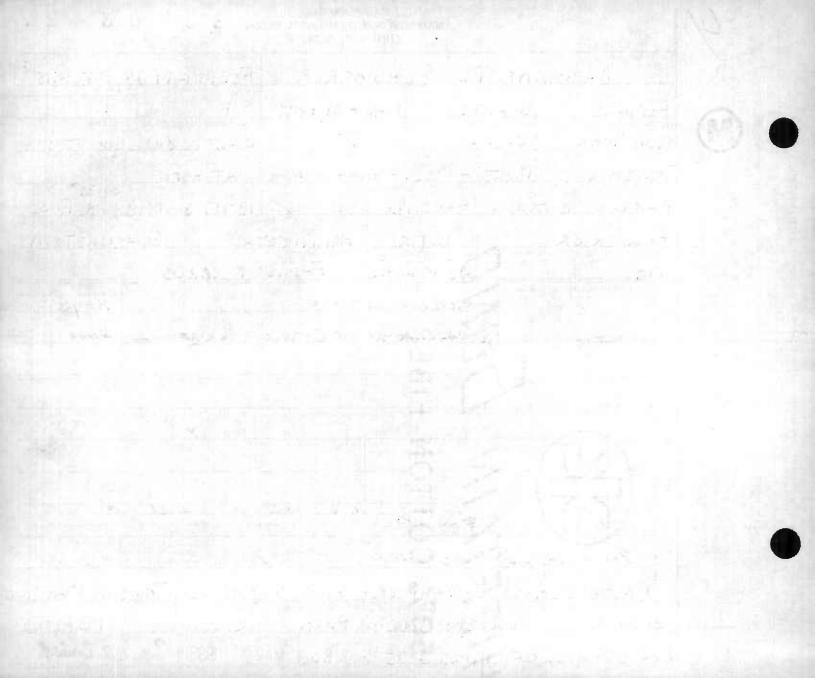
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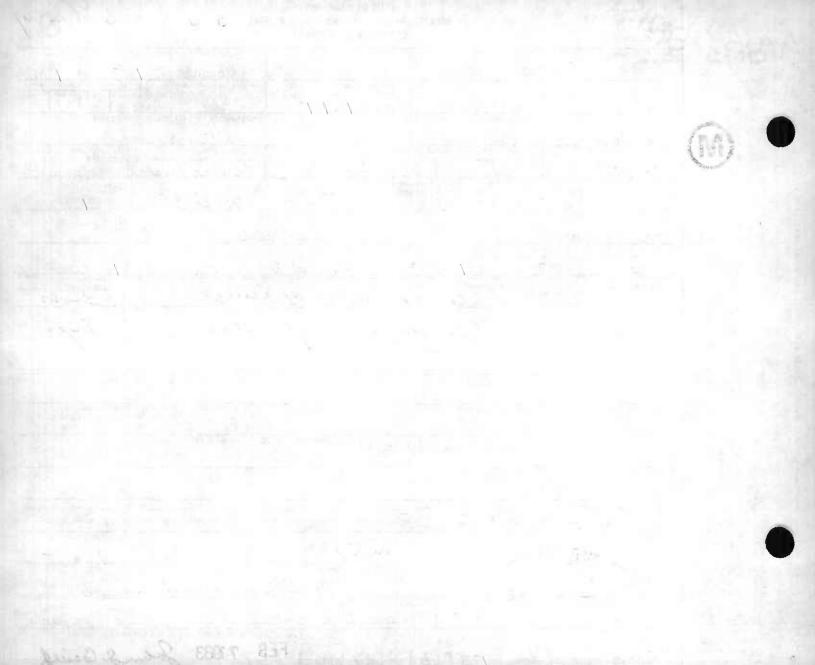
requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or offending physicion.

4	1-	FOR STATE REGISTRAR	DEPAI	RTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 3	0 "	3 4	2 7
offer death		CEASED NAME FIRST AROLX	A RACE	CHU		20. DATE OF DEATH  E BRUA  6. AGE (IN YEARS LAST BIR	MONTH DAY  RY 3 8.  THDAY) IF U	1983 6	HOUR P.
M).9	1	RTHPLACE (STATE OR FOREIGN TOUNTRY) TO RK TY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTR U. S. A.	MARRIE	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY C	ORE C	OUNT	<u>Ч</u> мр.
A Part be notified in by the	130 S	AL RESIDENCE (IF NURSING HOME OF STATE	(IF NOT IN SUCH FACILITY GIVE STR	ORE ADMISSION	3moth Mome	(TYPE OF WORK FOR MOST OF AT HO)	of working life	26. KIND OF BUNDUSTRY	SINESS OR
dicompletery	14 FA	THER'S NAME FIRST RSOS RICK VAS DECEASED EVER IN U.S. AI	MIDDLE		15 MOTHER'S MAIDEN NAMED FIRST	ME MIDDLE		URST	SIN
signed by the atending physical the please remave carbon popers to burial, cremotion, or removal. ijury, or ather traumatic event, the	NC	PARTI. DEATH WAS CAUS  IMMEDIA  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO OR AS A CONSE	OUENCE OF	A OF CERVIX			APPROXIMATE BETWEEN ONSET 3+4R 84RS	
it permit. T	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES □ NO♥		RE FINDINGS	
r this certificate the burial-transit and Mental Hygis ed or Item 18 sh	MEDICAL CE	216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	ATH HOUR A.M. MONTH	DAY YEAR	216 HOW INJURY OCCURR 211 LOCATION STREET	ED (ENTER NATURE OF INJUI		OR PART 2)	STATE
TO FUNERAL DIRECTOR. After should be detached for use os th with the Storte Dept. of Health on IMPORTANT: If them 21 is marked	A	sow the deceased alive or	ital) attended the deceased from 2-23 19 ot) view the body after death.	83	nd that in (my) (our) opinion a  DEGREE  ATTENDING PHYSICIAN  27e. ADDRESS	STAI	F	,	
0 50W 1/81	6	OR, FREDS R URIAL, CREMATION, REMOVAL SPECIFYI SURI AL INERAL DIRECTOR NAME YANS CHAPIL	1236. DATE 23 MARCH 3 1983 1	MER CNAME OF COUDCO	EMETERY OR CREMATORY  PARK  1250, DATE  10RK RD. MA	REC'D. BY REGISTRAR	390	UNITY MARY S SIGNATURE 2 LOTH	LANO

BP_ DHMH-16 50M 1 (VRA 15, 4)





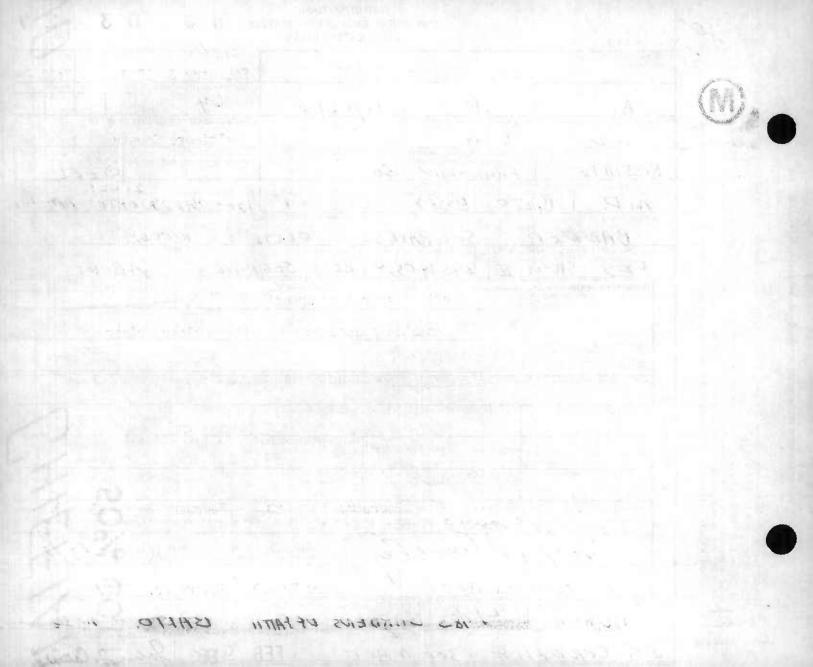
er deoth	ed of once
ID 21201 24 hours oft lled in by th	hust be hotif
MARYLAN ted within 2 ompletely fill I ond 2 shou	Continer h
ALTIMORE,	of. The medicol
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death, 4 may retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the otherwing physician and completely filled in by the tubered should be detached for use as the buriot-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 untered	with the State Dept. of Realth and Mental Hygiene prior to burial, cremanan, or removal.  MPORTANT: If then 21 is marked or them 18 shows any injury, or other traumatic event, the medical extrainer fluxt be hatified of ence.
201 W. PRE	or other tro
RECORDS, '	e prior to bu
I OF VITAL ICIAN: The g physician entificate he entificate he iol-tronsit p	tem 18 show
DIVISION DING PHYS or offer this can see as the but	morked or 1
OR ATTEN The hospitol DIRECTOR:	F frem 21 is
DIVISION OF VITAL R O HOSPITAL OR ATTENDING PHYSICIAN. The I eroined by the hospital or ottending physician. TO FUNERAL DIRECTOR. After this certificate hos should be detached for use os the burial-transit pe	PORTANT:

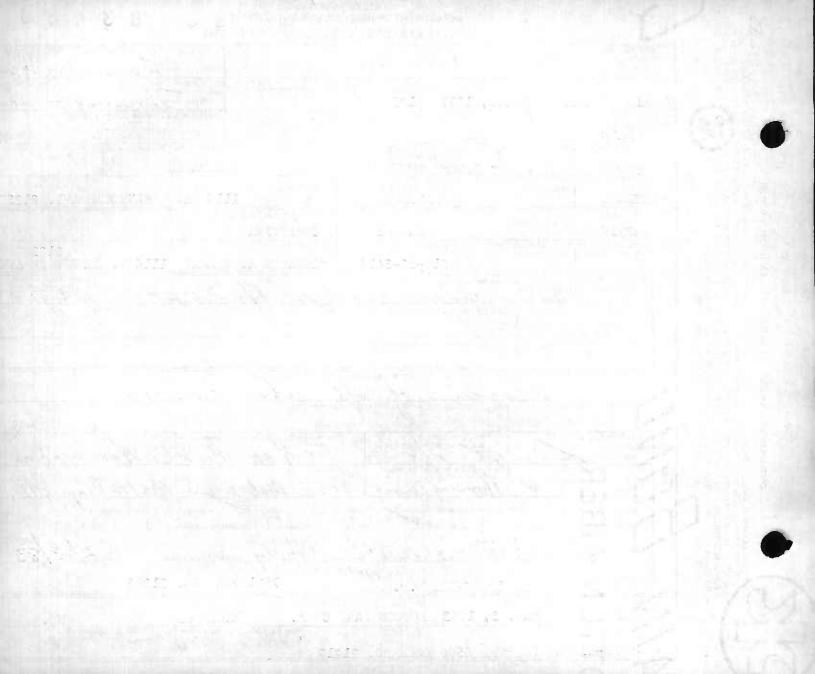
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DHMH - 16 50M 4/B2

(VRA 15, 4)

1-	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 3	0 3	4 2 9
	CEASED NAME FIRST OR PRINT)	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY Y	YEAR 2b. HOUR
				GRAVES	February	3, 1983	7:32 PM
3. SE	M	4. RACE	5. DATE	OF BIRTH  1 /26/18  1 /26/18	6. AGE (IN YEARS LAST B	YRS.	DAYS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT	COUNTRY?   8. MARRI	ED NEVER MARRIED		orcounty of DEA re County	MD.
10. CI	OSS VILLE		TAL, NURSING HOME TY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST		SIND OF BUSINESS OR USTRY
13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU	NTY 13c. C	SIDENCE BEFORE ADMISSION ITY OR TOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	VDSWORTH	- It may be to
	BANNE!	NIDDLE SE	GRAVES	15. MOTHER'S MAIDEN NA	E MIDDLE	10004	LAST
		RMED FORCES? 166 S VE WAR OR DATES) VE WAR OR DATES)	5 140508	LOIS SEL	BRAVE'S	ABO	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A  (b) ME  DUE TO, OR AS A	CONSEQUENCE OF tastatic a	ratory arrest denocarcinoma			
MEDICAL CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?		FINDINGS USED AUSES OF DEATH?
CAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. A	IRY MONTH DAY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART 1 OR PA	ART 2}
MEDIC	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJ (AT HOME, STREET, FAC	URY TORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR T	OWN COU	NIY STATE
	220.1 certify that II (this hosp sow the neceosed olive of obove, II we) (did) (did) (did) 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE of DOSEP)	h P Co		pand that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [ 220 ADDRESS 9000 Frank		AFF	DATE SIGNED
(	BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	23b. DATE / 7/8	231 NAME OF BARO	CEMETERY OR CREMATORY  ENS OF FAIT	23d. LOCATION CITY OR TOWN	LTO COUNTY	M D STATE
24 FL	JNERAL DIRECTOR  NAME CONNE	They	ADDRESS BOO MA	250. DA	B 9 1983	25b. REGISTRAR'S SI	Chief.





STATE

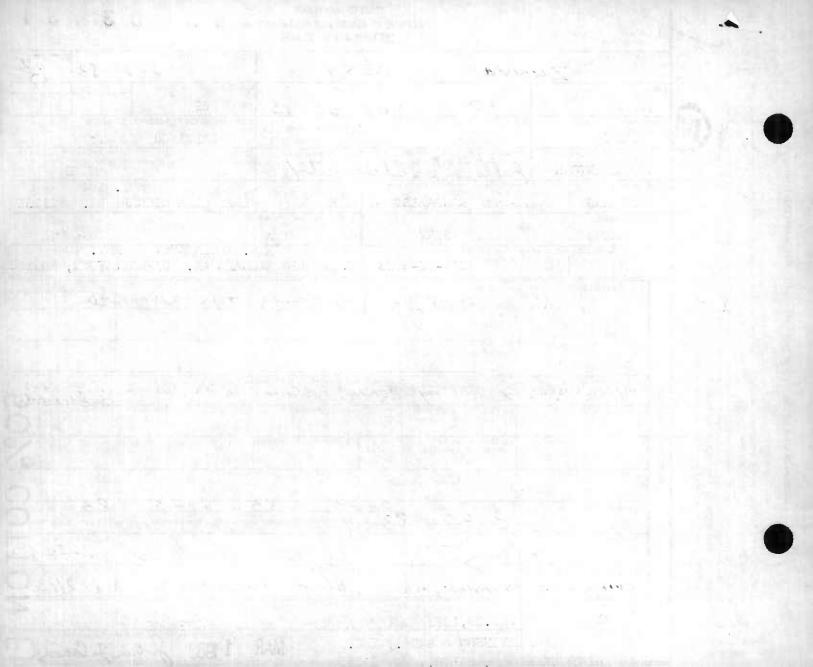
. DECEASED NAME

REGISTRAR

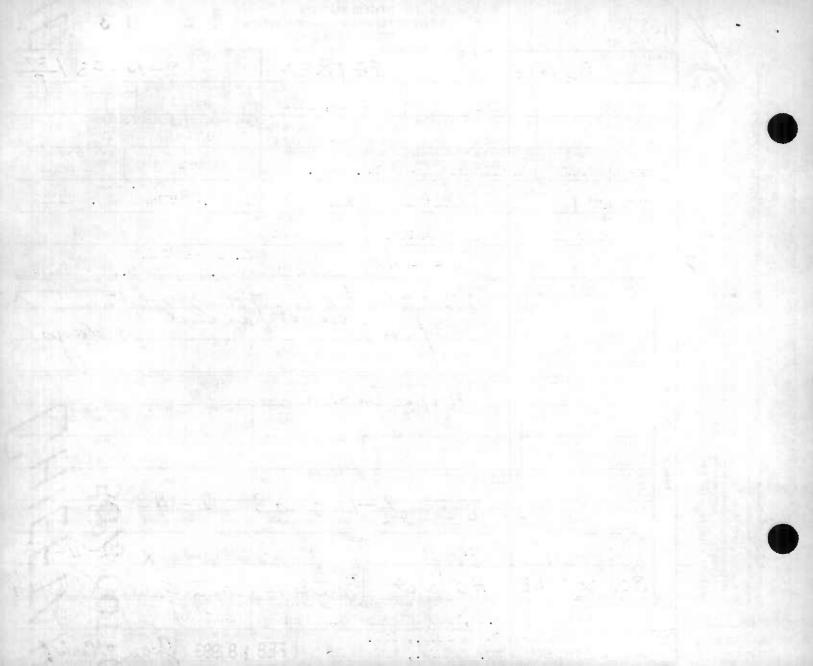
24 FUNERAL DIRECTOR

DHMH - 16 50M 4/B2 (VRA 15, 4)

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 2a. DATE OF DEATH 26. HOUR & AGE (IN YEARS LAST BIRTHDAY IF UNDER TYEAR BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY NONE APT. 104 8521 GLEN MICHAEL LA. #21133 UNKNOWN MRS. BELLAADSERY RANDALLSTOWN, MD21133 206. IF YES, WORE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinion death accurred an the date and haur and from the causes stated 226 DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN STATE BALTIMORE MARYLAND. 250. DATE REC'D. BY REGISTRAR 256 SOL LEVINSON & ABROS. INC. 6010 REISTERSTOWN RD. BALTO. MD 21215



· K	1 -	FOR STATE REGISTRAR			DEPARTN	ENT OF H	OF MARYLAND EALTH AND MENTAL CATE OF DEATH	HYGIENE	8 3	0	3	4 3 2
9 %			351E		IDDtE	5	ETREA		2	0-14	-83	26. HOUR 7
4 m	3. SEX	FEMALE	4. RACI	E HITE		5. DATE O	F BIRTH Y 187, 1892	6. AG	E (IN YEARS LAST BIRT	YRS.	UNDER I YEAR	HOURS A MIN.
nerol dire	C	RTHPLACE (STATE OR FORE OUNTRY) RUSSIA	ign 7b. CITI	USA	VHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED	-	LTIMORE CITY OF BALTIMO	-		MD.
offer d	[0. CI	Y OR TOWN OF DEATH	(IFI	NOT IN SUCH	OSPITAL, NURSIN PACILITY, GIVE STREET A ORE COUNT	DDRESS)	ROTHER INSTITUTION  1. HOSP.		SUAL OCCUPATION HOUSEW		12b. KIND C INDUSTRY AT	HOME
24 hour	USUA 134. 5	RESIDENCE IF NURSING	COUNTY	stitution o	BALTIMORI	ADMISSION)	134 INSIDE CITY LIMIT	57 25	SO W.BELV	APT.		21215
d within ripletely and 2 shi		THEODOR	E weens	-	BÜLM	ASH	15. MOTHER'S MAIDEN		MIDDLE	ı	JNKNOW	Ň
t need 7	Ha. W	AS DECEASED EVER IN I	J. 5. ARMED FO		215-09-9	STATE OF THE PARTY	17. INFORMANT 6650. CHI		ESTHÉR®	EOHEN BALTO	. MD	21209
e low requires that the death cin.  hos been signed by the attends permit. Then please remove con permit. Then please remove control prior to burial, cremation, as any injury, or other traumate.	CERTIFICATION		CANT CONDIT	iei	Hum	NCE OF	NOT RELATED TO THE	200	DISEASE OR CONI	20b. IF YES,	WERE FINDI	
G PHYSICIAN; The Internding physicion. This certificote hose the buriol-tronsit per the buriol-tronsit per ded or them 18 shows	MEDICAL CERT	21a, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL I 21d. INJURY OCCURRED WHILE AT WORK AT WORK	SE OF DEATH HEXAMINER)	P.A.	A. MONTH DA A.	Y YEAR 19	21c. HOW INJURY OC			RY IN ITEM 18 PAR		STATE
TENDING oital or o TOR: After for use os of Heolth		220.1 certify that (I) (the saw the deceased cobove, (I) (we) (did) 22b. SIGNATURE	is hospital) offi	-/1	19_		d that in (my) (our) opi DEGREE ATTENDIN PHYSICIA	NG MEI	accurred on the do	F and	983. and from the	
TO HOSPITAL OR A) retained by the hosp TO FUNERAL DIREC should be detached with the State Dept. (MPORTANT: # tem.)		22d PHYSICIAN'S NAMI SOON C URIAL, CREMATION, REA SPECIFY) DID TAIL	HUL MOVAL 23b.	DATE			Balling  Bolling  EMETERY OF CREMATO		OLULE C	Pane	MARYL	Hosp: Ha
BP DHMH - 16 50M 4/82 (VRA 15, 4)		DURIA	OL LEVI	NSON	& BROS.,	INC.		DATE REC	BALLIMOF D. BY REGISTRAR 8 1983			TURE



FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PEB 1 5 1983

		REGISTRAR			CERTIF	ICATE OF DE	пія	REG.	NO			
		CEASED NAME FIRST	A	AIDDLE	1	AST		20. DATE OF DEATH		DAY	YEAR	26 HOUR
	(146)	E OR PRINT) EMMA			SHA	PIRO		- 1	02	09	83	1055AM
	3. SE	X	4 RACE	La Carlo	S. DATE C			6 AGE (IN YEARS LAST	BIRTHDAY)		ER : YEAR	IF UNDER 24 HRS
		FEMALE	CAVO	LACION	MONTH		O C	82	YRS	MONTHS	DAYS	HOURS MIN.
100	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8	D . NEVER MA	BDIED [	9 BALTIMORE CITY	OR COUN	TY OF D	EATH	
1		OLAND	USA		WIDOWE	XXX DIVO	RCED	BALTIN	MORE (	COUNT	Y	MD.
-	1000	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURS	SING HOME	OR OTHER INSTITU	JTION	120 USUAL OCCUPA				F BUSINESS OR
5		ANDALLSTOWN				. HOSPIT	ΓAL	HOUSEW!	FÉ	LIFE) IN	AT	
1	3a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION	13c. CITY OR IC		13d. INSIDE CITY	LIMITS?	LIS STREET ADDRES	s 2			21209
2		ARYLAND		BALTIN	MORE	YES XX N	0 🗍	2900 TERRY	DR.	E	SALTO	)., MD
462	14. FA	ATHER'S NAME FIRST	M/DDLE	LAST		15 MOTHER'S M		ME		1	145	
T.		BERREL	22.34.51	STARR		TOBÁ	51	MIDDLE		UNKN	10MN ₂	
7	16a V	NAS DECEASED EVER IN U.S. ARI	MED FORCES?	16b. SOCIAL SE		17 INFORMANT		MRS. THELE	A OPF	ENHE	TM	
1		NO		212-74-	-5553	3415 MF		DR. BALTO.		2120		
	8	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE							1		APPROXU BETWEEN C	MATE INTERVAL ONSET AND DEATH
	10		E CAUSE (a)	CARMO	o - Puz	MONAR	-4 A	PREST				
		5789	DUE TO, OR	AS A CONSEC	UENCE OF							
		Canditians, if ony, which gave rise to immediate	( ıb)	HYPOY	VOLET.	ric si	Tock		7			
		couse (o), stoting the	DUE TO, OR	AS A CONSEO	UENCE OF		7		ο	10		
		underlying cause last.						ESTINAL				
	z	PART 2 OTHER SIGNIFICANT C					THE TERM	INAL DISEASE OR CO	NDITION G	IVEN IN	PART 1(o	
_	T10	Asterios				seve						
>	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHIC	CH OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	20b. IF Y	ES, WERI	E FINDIN CAUSES	GS USED OF DEATH?
1	RT	1			_			YES NO		YES [		NO DA
2		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	11b. TIME OF HOUR A.A	a, month	DAY YEAR	216 HOW INJUI	RY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	B PART I OR	PART 2)	
	ICA	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.A	۸,	19			Nove				
	MEDICAL	WHILE TO NOT WHILE TO	218 PLACE C	OF INJURY ET, FACTORY, OFFICE	E FARM, ETC )	21f. LOCATION STREET		CITY OR	OWN	co	YINU	STATE
		AT WORK NOT WHILE AT WORK		~			-					
		220.1 certify that (I) (this hospit	al) ottended the	deceased from	07		19.83	, to	-09-	. 19_2		that (1) (we) last
2	-	saw the deceased alive on abave, (I) (we) (did) (did nat	) view the body o	ter deg	, an	d that in (my) (ou	ir) opinion o	death occurred on the	date and h	our and f	rom the c	auses stated
		226. SIGNATURE	101	In the		DEGREE	NDING	MEDICAL ST		22	c. DATE S	SIGNED
			0001	0.07		PHY	SICIAN [	MEDICAL ST. DIRECTOR PHYS	ICIAN A	1	02-	05 - 83
		22d PHYSICIAN'S NAME (TYPE OF				22e ADDRESS				145	,0	~ ~
		DR. SUDHI	K, Y					INTY 6	EN	HO	517	346
	23a. B	BURIAL, CREMATION REMOVAL	FEB.10	,1983 23	BETH TI	TLOH CRE	MATORY	BALTTI	4ODE	COUN	MADY	LANDATE
								DALIIN	TANK		INTALL	LIMIND

INC.

21215

DHMH - 16 50M 1/B1 (VRA 15, 4)

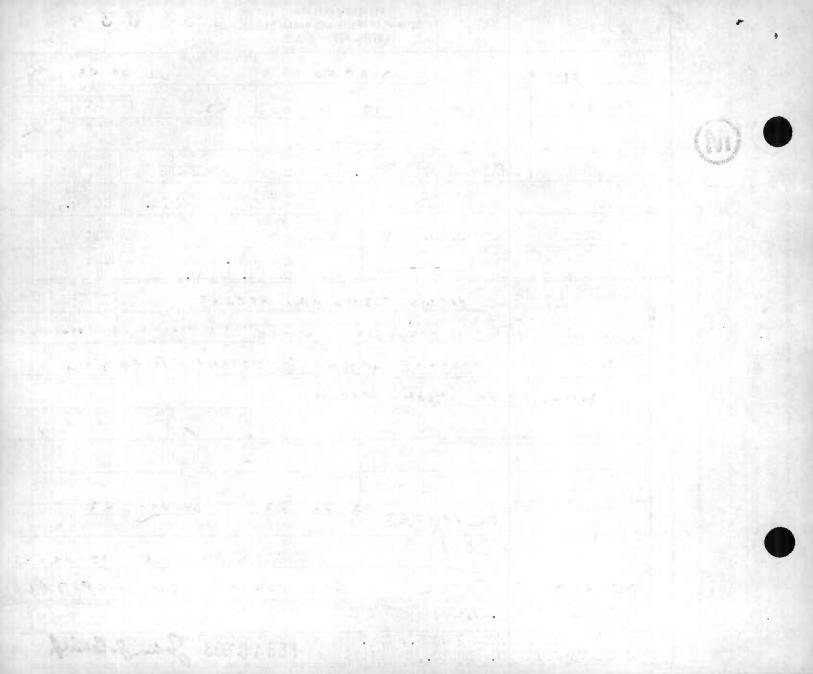
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IMPORTANT: If Item 21 is

24 FUNERAL DIRECTOR

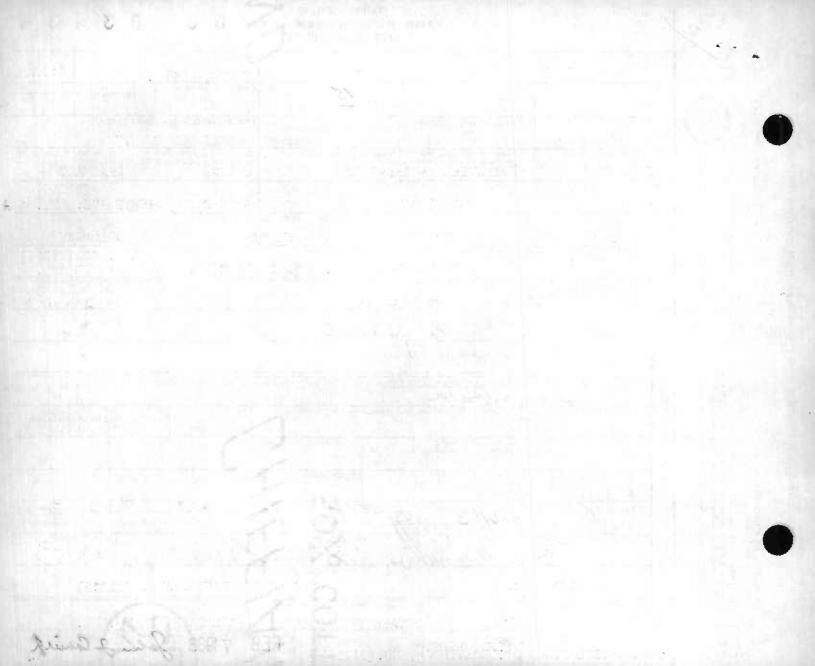
6010 REISTERSTOWN RD.

SOL LEVINSON & BROS., RSTOWN RD. BALTO., MD



(VRA 15, 4)

STATE OF MARYLAND



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or other

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marked or Hem 18 shows

IMPORTANT: If Item 21 is

1.	FOR STATE REGISTRA	R		DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL RTIFICATE OF DEATH	HYGIENE 8 3	0 3 4 3 5
	CEASED NA	ME FIRST	T	Shear	LAST	20. DATE OF DEATH February	MONTH DAY YEAR 26. HOUR
		ница					
J. SE	x EMA!	L2	1. RACE	5.0	MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	RTHPLACE	( STATE OR FOREIGN	76 CITIZEN OF WI	HAT COUNTRY? 8	ARRIED NEVER MARRIED	9. BALTIMORE CITY O	
3	ARYL	SOR	0.5.A		DOWED DIVORCED	1100	BALTICORE MD.
		N OF DEATH	Saint	SPITAL, NURSING HO	ome or other institution		ON 126, KIND OF BUSINESS OR FWORKING LIFE) INDUSTRY
16	RYLAN	10 BALT	OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMIS	YES NO W	130 STREET ADDRESS	
	LARL		MIDDLE	TAYLOR	15. MOTHER'S MAIDEN	E MIDDLE	MADARY
	VAS DECEAS YES, NO OR UNK	SED EVER IN U.S. AR/	MED FORCES?	LA 05 113	NO. 17 INFORMANT	1 RECORDS	SS
	Conditions	s, if ony, which to immediate to immediate the state of t	DBY: E CAUSE (0) HE  DUE TO, OR A  (b) HE	S A CONSEQUENCE	C VARICES E	SOPHAGUS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TION					BUT NOT RELATED TO THE T		
CERTIFICATION	19a DATE O	F OPERATION	196 CONDITIO	ON FOR WHICH OPER	ration was performed	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO
	OR CONTRIBU	NT WAS UNDERLYING UTING CAUSE OF DEA	119		/EAR	CURRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
MEDICAL	WHILE AT WORK	OCCURRED	21e PLACE OF	INJURY FACTORY, OFFICE, FARM E	211 LOCATION STREET	CITY OR TOV	NN COUNTY STATE

underlying couse los PART 2. OTHER SIGNIFICA CERTIFICATION 190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C MEDICAL (IF EITHER NOTIFY MEDICAL EXA 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that X (this 19 83, and that in 🐼 (our) opinion death occurred on the date and hour and from the causes stated sow the deceased view the body ofter death. 226. SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING

PHYSICIAN

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 236. DATE

22d. PHYSICIANS NAME (TYPE OF PRINT)

24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

7620 York Road Towson Maryland 21204 23d. LOCATION CITY OR TOWN

MEDICAL

FEB 2 3 1983

STAFF

DIRECTOR PHYSICIAN

Peint Joseph Hospital

MINICIPAL AND THE PROPERTY OF THE

FIRERISTS STREETH

(20 000 7) 3372784

Populary 15 83

7620 York Bood Yowson Maryland 71204

Jenuary 26, 83- Johnnay 15, 83 ,

and completely filled in by

STATE OF MARYLAND

BESSIE F. SHEUBROOKS   Reduced the property of the property	J	1 -	STATE REGISTRAR			VET ARTI		ICATE OF DEATH		G. NO.		
SESSIE F. SHEUBROOKS February 4, 1983 9:30 AM  I SEX Female  White  October 17, 1903  AGE (INTERSISTENCE)  White  October 17, 1903  AGE (INTERSISTENCE)  PROMITES AND A CONTROL OCTOBER 1 ADDRESS OF THE COUNTRY AND ADDRESS OF THE COUNTRY A	ı			FIRST		MIDDLE	i	AST	2a. DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR
Female  White    Soale of Brith   October 17, 1903   79   925   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   10	ı	(TYPE	OR PRINT)	BESSIE		F.	SHEU	JBROOKS	February	4, 198	3	9:30 A.
Female White October 17, 1903  79	ı	3. SEX			4 RACE				_		IF UNDER 1 YEAR	IF UNDER 24 HRS
MARRIED   NEVER MARRIED   Baltimore   Baltimore   MARRIED   NORGED   MARRIED   MA		]	Female		Whit	e	Octob	ber 17, 1903	79	YRS.	MONTHS DATS	HOURS MIN.
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TOWSON    Second   Manor Care Towson   Homemaker   Hom					U.S.A.			_	Baltin	nore Nu	inty	MD.
13 STATE   13 COUNTY   14 COUNTY   14 COUNTY   15 CO				DEATH	11. NAME OF I	HOSPITAL, NURSING HEACHLITY, GIVE STREET Care To	NG HOME ( ADDRESS) WSON	DR OTHER INSTITUTION	(TYPE OF WORK FOR M	OST OF WORKING LIE		OF BUSINESS OR
Tester   D.   Fairbanks   Mammie   Ma	1	13a S	TATE	13b COUN	NTY	13c CITY OR TOW	E ADMISSION) /N		13e. STREET ADDRE 1016 Ma	ss rleigh	Sircle,	21204
18 CAUSE OF DEATH (Enter only one couse per line for io), (b), and (c)   18 CAUSE OF DEATH (Enter only one couse per line for io), (b), and (c)   19 CAUSE OF DEATH (Enter only one couse per line for io), (b), and (c)   19 CAUSE OF DEATH (Enter only one couse per line for io), (b), and (c)   19 CAUSE OF DEATH (Enter only one couse per line for io), (b), and (c)   19 CAUSE OF DEATH (Enter only one couse per line for io), (b), and (c)   19 CAUSE OF DEATH (Enter only one couse per line for io), (b), and (c)   19 CAUSE OF DEATH (Enter only one couse per line for io), (b), and (c)   19 CAUSE OF DEATH (Enter only one couse per line for io), (b), and (c)   19 CAUSE OF DEATH (Enter only one couse per line for io), (b), and (c)   19 CAUSE OF DEATH (Enter only one couse per line for io), (b), and (c)   19 CAUSE OF DEATH (Enter only one couse per line for io), (b), and (c)   19 CAUSE OF DEATH (Enter only one couse per line for io), (b), and (c)   19 CAUSE OF DEATH (Enter only one couse per line for io), (b), and (c)   19 CAUSE OF DEATH (Enter only one couse per line for io), (b), and (c)   19 CAUSE OF DEATH (Enter only one couse per line for io), (c), and	I	14. FA			MIDDLE	TAST				) F	145	
Reduce of Death   Enter only one couse per line for 101, lb1, and 101   Reduce of Death   Enter only one couse per line for 101, lb1, and 101   PART 1. Death Was Caused BY:   Due to, or as a consequence of couse (b), stating the underlying couse lost.					D. F	airbanks		Mammie	Milot	" (U	Inknown)	)
PART I. DEATH (Enter only one couse per line for (o), (b), ond (c)  PART I. DEATH WAS CAUSED BY:  Conditions, if ony, which gove rise to immediate couse (o), stoling the underlying couse lost.  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NON RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO-  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NON RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO-  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NON RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO-  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NON RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO-  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NON RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO-  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NON RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO-  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NON RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO-  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NON RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO-  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NON RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO-  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO-  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIO	1					166 SOCIAL SECU	JRITY NO.	17 INFORMANT	Al	DDRESS	THE WALL	
PART I DEATH WAS CAUSED BY:    Due to, or as a consequence of course (o), storing the underlying course lost.   Due to, or as a consequence of course (o), storing the underlying course lost.   Due to, or as a consequence of course (o), storing the underlying course lost.   Due to, or as a consequence of course (o), storing the underlying course lost.   Color of the underlying course lost.   Due to, or as a consequence of course (o), storing the underlying course lost.   Due to, or as a consequence of course (o), storing the underlying course lost.   Due to, or as a consequence of course (o), storing the underlying course lost.   Due to, or as a consequence of course (o), storing time of contribution of the underlying course (o), storing time of contribution of the underlying course of the underlying course of the underlying course (o), storing time of the underlying time of the underlying course (o), storing time of the underlying course (o), storing time of the underlying time of the	l	(1)	NO NO	(IF YES, GIV	E WAR OR DATES)	215-74-0	0955	Mr. F. Lee	Sheubrooks	s, same		
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove rise to immediate couse (o), storing the underlying couse lost.  (c)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-  190. DATE OF OPERATION  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. AUCTOPSY? 210. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES	ı		18 CAUSE OF DE	ATH (Enter on	ly one couse per	line for (0), (b), on	dici	•	1	SA MILE	BETWEEN	MATE INTERVAL ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse lot, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-  190. DATE OF OPERATION  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH POR A.M. MONTH DAY YEAR (IF ETHER NOTIFY MEDICAL EXAMINER)  P.M.  190. MILE OF OPERATION  210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M.  191. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M.  192. ACCIDENT WAS UNDERLYING CAUSES OF DEATH P.M.  (IF ETHER NOTIFY MEDICAL EXAMINER)  P.M.  192. ACCIDENT WAS UNDERLYING CAUSES OF DEATH P.M.  (IF ETHER NOTIFY MEDICAL EXAMINER)  P.M.  193. ACCIDENT WAS UNDERLYING CAUSES OF DEATH P.M.  (IF ETHER NOTIFY MEDICAL EXAMINER)  P.M.  194. ALWORK  AT WORK  A	١					Cardin	- 16	Imenery Us	nut_			
DUE TO, OR AS A CONSEQUENCE OF    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO-   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO-   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO-   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO-   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO-   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO-   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO-   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO-   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO-   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO-   PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART TIO-   PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART TIO-   PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART TIO-   PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART TIO-   PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART TIO-   PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART TIO-   PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART TIO-   PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART TIO-   PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART TIO-   PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART TIO-   PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART TIO-   PART 2 OTHER SIGNIFICANT CONTRIBUTION GIVEN	1		150		DUE TO, O	RAS A CONSEOU	ENCHOM	- 21	00			
DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.  190 DATE OF OPERATION  190 CONTRIBUTION TO WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION TO CAUSES OF DEATH?  YES NO PERSON   1				( (b)_	Duna	bitas	Carren H	Colen				
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.    90 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS PERFORMED   200 AUTOPSY?   200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES   NO   YE	ı				DUE TO. O	R AS A CONSEQU	ENCE OF	V				
190 DATE OF OPERATION  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  100 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NOW YE	ı		underlying co	use lost.	(c)_					3340.00		Despite.
OR CONTRIBUTING CAUSE OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  NOTIWHIE AT WORK  NOTIWHIE AT WORK  22a. I certify that (I) (the hospital oftended the deceased from 19 miles), and that in (my) (our) opinion death occurred on the date and hour and from the causes stated  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22a. DATE SIGNED  22a. PHYSICIAN'S NAME TYPE OR 12a. AD09512		_	PART 2 OTHER S	IGNIFICANT C	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR C	ONDITION GIV	EN IN PART 11	0,
OR CONTRIBUTING CAUSE OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  NOTIWHIE AT WORK  NOTIWHIE AT WORK  22a. I certify that (I) (the hospital oftended the deceased from 19 miles), and that in (my) (our) opinion death occurred on the date and hour and from the causes stated  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22a. DATE SIGNED  22a. PHYSICIAN'S NAME TYPE OR 12a. AD09512	1	ō	Som	il	Dem	entin	a.	nd CVA	0.71			
OR CONTRIBUTING CAUSE OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  NOTIWHIE AT WORK  NOTIWHIE AT WORK  22a. I certify that (I) (the hospital oftended the deceased from 19 miles), and that in (my) (our) opinion death occurred on the date and hour and from the causes stated  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22a. DATE SIGNED  22a. PHYSICIAN'S NAME TYPE OR 12a. AD09512		CAT	190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?			
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(IF EITHER NOTEY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21d. INJURY OCCURRED  WHILE AT WORK  22d. I certify that (I) (the hospit) oftended the deceased from the document of	П	Ü		_	110110 4		AV YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF	INJURY IN ITEM 18	PART 1 OR PART 2)	
220. I certify that (I) (the hospital at walk and walk an	ı	¥		_	CITY CONTRACTOR			100				
220. I certify that (I) (the hospital at walk and walk an		ă	21d. INJURY OCC	URRED			1.04 F1C \		CITY	OR TOWN	COUNTY	STATE
DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 2224. PHYSICIAN TYPE OR PHYSICIAN 2224. PHYSICIAN S NAME TYPE OR PHYSICIAN PHYSICIAN PHYSICIAN 2224. PHYSICIAN S NAME TYPE OR PHYSICIAN	ı	٤		WHILE WORK	(AT HOME, SIV	REET, PACTORT, OFFICE, I	raam, EIC J			n []		
DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 2224 DATE SIGNED  224 PHYSICIAN'S NAME TYPE OF 2224 DATE SIGNED							7 9	nd that in (my) (our) opinio	n death occurred on t	ne date and hou		
224 PHYSICIAN'S NAME TYPE OR WITH 220 ADDS 512				did did no	Illview the body	NIA		ATTENDING	MEDICAL _		22c. DATE	SIGNED
	4		and pullydights	MCK-	1.14	IW			V DIRECTOR PH	YSICIAN [		
Henry M, Scagliola , M.D. Belair Rd. Baltimore, Maryland					/					-		
224 RUDIAL CREMATION DEMOVAL 1226 DATE 123. NAME OF CEMETERY OF CREMATORY 1234 LOCATION										ore, Mar	yland	

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP

should be detached for use as the burial-transit permit. Then please remove corbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

MPORTANT: If Item 21 is marked or Item 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been

etoined by the hospital or attending physicio

injury, or other froumotic

Burial 2-8-83 24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. Towson, Md. 21204

Lorraine Park

Baltimore,

Maryland

25a. DATE REC

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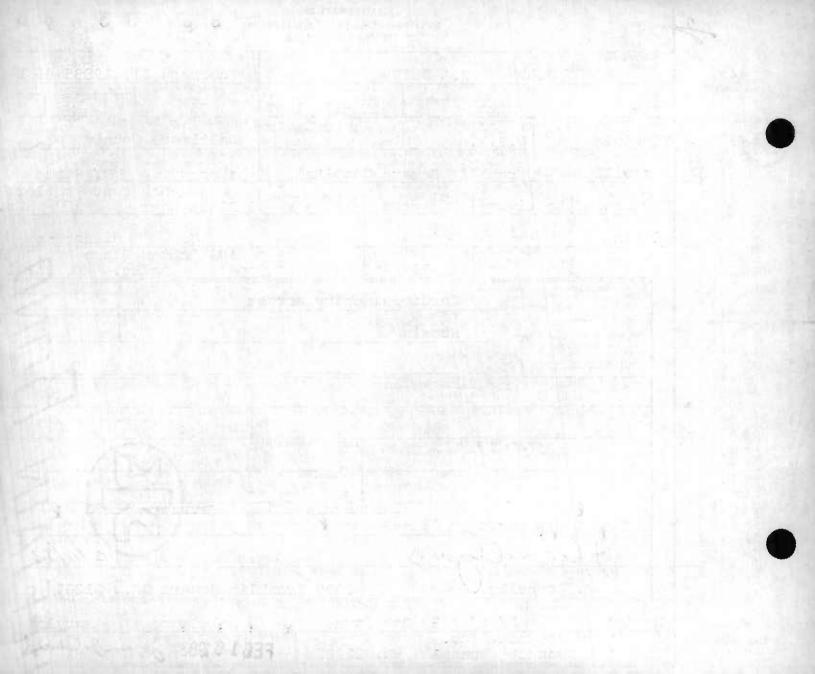
A B and E TI TO B AND THE WAR TO SHARE Target Comments and the comment of t the su coi, i of a set of a se The state of the s mani elbemus. sunuva mines tivo prois BELLEVILLE CONTRACTOR OF THE C District Control of the Mallant of the Control of t the state of the s and the second in the second cambragation of the second 

DIVISION OF VITAL RECORDS, 201 W. PRESTON 51., BALLIMORE, MARTLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs all certificates by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral dir should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hou with the State Deet, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is morked or Item 18 shows any injury, ar other traumatic event, the medical examine must be all of other.
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BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

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1	FOR		DEPART	MENT OF H	EALTH AND A	ENTAL HYGI	ENE 8 5	U	5 4	0 0
1 -	STATE REGISTRAR			CERTIF	ICATE OF D	EATH	REG. NO			1
	CEASED NAME FIRST		MIDDLE	l	AST			MONTH DAY	Y YEAR 21	b HOUR
(TYPE	OR PRINT)	hn	R. SH	IPP			Februar	37 11	19835	:45 R
3. SE)		4 RACE	R. DII	5. DATE C	OF RIPTH		6. AGE LINYEARS LAST BIRT	-A		F UNDER 24 HRS
				MONTH	DAY	YEAR		MOI		OURS MIN.
	TE STATE OF FOREIGN	White	AND AND COUNTRY	1]	_ 15	1907	75	YRS.		
- 0	OUNTRY		WHAT COUNTRY	MARRIE	D NEVER M	ARRIED X	9 BALTIMORE CITY O			
	rginia	U.S.A		WIDOWE		ORCED	Baltimo		- min	MD.
0 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSI		OR OTHER INST	TUTION	120 USUAL OCCUPATION OF THE OF WORK FOR MOST O		12b. KIND OF B	BUSINESS OR
	ssville		lin Squ		Iospita	al	Laborer		MD. St	ate
30. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU		GIVE RESIDENCE BEFOR		13d. INSIDE CI	TY LIMITS?	13e STREET ADDRESS	Bayfr	ont Tr	cailor
Ма		timore	Edgem		YES 🗍	NOX	3 Platt I	ane	2121	19 C
( FA	THER'S NAME				15. MOTHER'S	MAIDEN NAM	NE .			
Vi	lliam	WIDDIE	Shipp		Sara	a h	MIDDLE J.		Richar	rdson
		RMED FORCES?			17 INFORMA		101 Cer			
	ES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	212-18	-0803	Arth	ir Shi			., MD.	
H			<b>-</b>		AL CIT	TI DILT	PP	Barto		
	PART I. DEATH WAS CAUS	nly one couse per ED BY:							BETWEEN ONS	TE INTERVAL SET AND DEATH
	0329	DUE TO O	R AS A CONSEQU	IENCE OF						
	Conditions, if any which	6	Sapsi	S					0.40	
	gove rise to immediate	) 10)_								
		DUE TO, OI	r as a conseol	JENCE OF					DE UNIO	
		(c)								
z	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	DNTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR CONE	ITION GIVEN	IN PART 10	
PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (b)  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO						121 13	937			
5	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	HOPERATIO	N WAS PERFOI	MED	200 AUTOPSY?	IN CERTIFYIN	WERE FINDINGS NG CAUSES OF	S USED F DEATH?
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)   PART I. DEATH WAS CAUSED BY:   Cardiopulmonary arrest	YES NO	YES [		NO 🗌						
5				VE VE	21c HOW IN.	URY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)	
N N		AIR								
3				19	211 LOCATIO	N				
E B		(AT HOME, STR	EET, FACTORY, OFFICE,	FARM, ETC )			CITY OR TO	VN	COUNTY	STATE
	AT WORK			77 1		0.0	-	-	1 00	
16	22a. I certify that (this hosp		e deceosed Irom.			19_83_		ary b		t (we) lost
	sow the deceased alive of above, (we) (did) (t) d	Tech tour	Trydeon 19-	-83. or	nd that in (	our) opinion de	eoth occurred on the do	te and hour o	nd from the cou	uses stoted
	22b. SIGNATURE	11	/		DEGREE		The state of the s		22c. DATE SK	SNED
	A Con	nell	Suns			TENDING HYSICIAN	MEDICAL STAF	F	2/11	183
	22d. PHYSICIAN'S NAME (TYPE	OR PRIN'I	1		22e. ADDRESS		DIKECTOR PHISIC	IAN	1-711	1
			de				lin Count	o DD	2122	7
	J, Con		MD				lin Squar	e DK.	, 2123	) /
3a. B	URIAL, CREMATION, REMOVAL				EMETERY OR C	REMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
	urial	2/15/		Oak I	awn		Baltimo			ryland
4. FU	INERAL DIRECTOR Duda-	Ruck.	Inc.				REC'D BY REGISTRAR	756 REGISTRA	R'S SIGNATION	E A
	22 Wise Aven		indalk,	MD.	21222	FE		10-a	ما من س	much
	" "11 (11	20	ALL COLLECT	7 117 0				U		



Dundalk, MD. 21222

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

2b HOUR

20 DATE OF DEATH

FOR

- STATE

REGISTRAR

7922 Wise Avenue

(VRA 15, 4)

DECEASED NAME

3/1/1983 paltimore

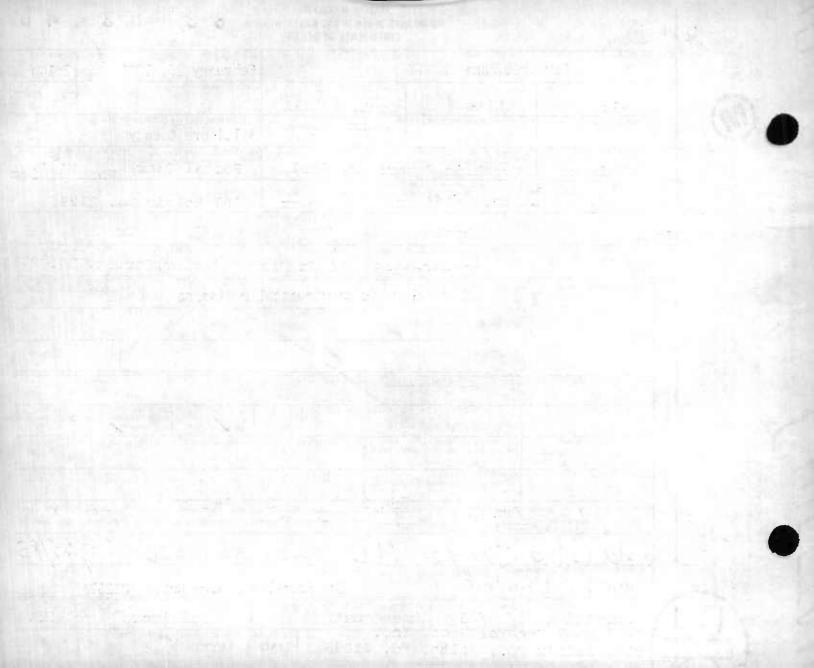
FOR - STATE

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HY
CERTIFICATE OF DEATH	

T		REGISTRAR					REG. NO.		'
		CEASED NAME FIRST	MIDDLE	l	AST		20. DATE OF DEATH MONTH D	AY YEAR	26 HOUR
	(TYPE	Marg	garet Anna SHORTT				February 25, 198	33	2:14p _м
	3. SE	X	4. RACE	5. DATE C				ONTHS DAYS	IF UNDER 24 HRS
		Female	White	Sep	. 0 707	î	71 YRS.		HOURS MIN.
1		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.	NEVER MARRI	ED 🗆	1. BALTIMORE CITY OR COUNTY		
9		Q •	U,S,A,	WIDOWE	DIVORC	ED 🗆	Baltimore County	-	MD.
17	10. CI	Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, Franklin Squ	ADDRESSI			OSTAL CLERK	INDUSTRY	FBUSINESS OR U.S. Office
5		STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY Balto. Baltimo	N	13d. INSIDE CITY LIV		13. STREET ADDRESS 9607 Belair B	Rd. 21	236
0	14. FA JO	THER'S NAME PIRST	Beste Beste		Mary	DEN NAA		[raut ^{^s1}	
		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 212-36-4		17 INFORMANT Linda	Mic	hel (dghtr)St	ceet, ²	1154 Md.
	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	ONDITIONS CONTRIBUTING TO E	ENCE OF	NOT RELATED TO T	HE TERMI	INAL DISEASE OR CONDITION GIVE 200 AUTOPSY? 20b IF YES IN CERTIFY	WERE FINDIN	IGS USED
1	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE N	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.  bitol) Planded 12 Deceased from  19  1) view the body ofter death.	ARM ETC)	211. LOCATION STREET  25 19 and that in (ang.) (our) DEGREE ATTEN	83 opinion o	CITY OR TOWN  TO FED. 25  death occurred on the date and hour  MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY	STATE that () (we) lost causes stated
	9	Marsha	nydert					21237	
		SURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	2/28/83 Gr	eenmo	emetery or crem.	ATORY	23d LOCATION Baltimor	ecounty	Mď.
	24. FU		direr or indire	Inc.	07000	250. DATE	E REC'D. BY REGISTRAR 251 REGIST	RAR'S SIGNATI	URE
		9705 Belair	Rd., Balto.	Md.	21236	MAR	? 1 1983 / Sau	Jan (4)	Mely

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.



Z.	3	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 3	0	3 4	41
3 04			CEASED NAME FIRST		MIDDLE	0	LEBERT	2a. DATE OF DEATH		AY YEAR	26 HOUR
1	6	3. SEX	Emale	4 RACE	te	S. DATE O	F BIRTH DAX YEAR	6. AGE JIN YEARS LAST B		ONTHS DAYS	IF UNDER 24 HRS
O THE STATE OF	33	cs	RTHPLACE ISTATE OR FOREIGN DUNTRY) MARYLAUD	1	S.A	8 MARRIEI WIDOWE	NEVER MARRIED	BALTINORE CITY	OR COUNTY		MD.
by the fi	100		BALTO.	3012	LINUCO	ADDRESS)	ROTHER INSTITUTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST	TION FOR WORKING LIFE PDY	INDUSTRY	STOCE
AND 212 AND 212 In 24 hourst filled in hould be	35	13a. S	Mo.	COUNTY BALTO	13c CHY OR TOW	N	13d. INSIDE CITY LIMITS? YES NO 🔀	13e. STREET ADDRES	LINWOO	D Ave	21234
	30	14. FA	THER'S NAME FIRST PREDERIC	K KEA	GLE		15. MOTHER'S MAIDEN N. FIRST	, MIDDLE	ENSCH	1 LA GE	
be execu	medico		(AS DECEASED EVER IN U.	S. ARMED FORCES? S. GIVE WAR OR DATES)	218.26.		Mass Cligabet	K. Siebut		Lunio	न्द्रभ दिल्ल
1 W. PRESTON ST., BALTIMORE, that the death certificate be execubly the ottending physician and cose remove carbon papers. Pages 11, cremation, or removal.	other troumotic event, th		18. CAUSE OF DEATH (En PART I. DEATH WAS C LANGE OF LANGE	DUE TO, the DUE TO	OR AS A CONSEQUE	ENCE OF	tic cardist	rescular of	lisease	BETWEEN	IMATE INTERVAL * ONSET AND DEATH
DIVISION OF VITAL RECORDS, 301 NG PHYSICIAN: The low requires th othending physicion. Ifter this certificole has been signed E as the buriol-transit permit. Then plea	shows ony injury, or	CERTIFICATION	PART POTHER SIGNIFICATION  190. DATE OF OPERATION	bile du	DITION FOR WHICH	10).	PRELATED TO THE TER	VINAL DISEASE OBCO	4 GILLES	WERE FINDING CAUSES	NGS USED
PHYSICIAN: The ending physicia this certificate the buriol-transit ad Mental Hygia	Hem 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ( [IF EITHER, NOTIFY MEDICAL EXAMPLE)	OF DEATH HOUR	OF INJURY A.M. MONTH D./ P.M.	YEAR	21c. HOW INJURY OCCU				
DIVISION ING PHY r offendin After this as the bu	orked or	MEDICAL	WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE, F		21f. LOCATION STREET	CITY OR TO	_	COUNTY	STATE
R ATTEND hospital or RECTOR: A reed for use ppt. of Heal	m 21 is m		22a. I certify that (1) (this saw the deceased off above, (1) (we) (1)	ve on Olc	the deceased from 19 14 after death.	7	d that in (my) (aur) opinion	death occurred on the		ond from the	
the Dill	AT: #	£	22b. SIGNATURE	77/26	r/M	0	ATTENDING PHYSICIAN	DIRECTOR PHYS	^	22c. DATE	
TO HOSPITAL retoined by the TO FUNERAL should be detailed to the Stote	IMPORTANT	22 -	B. B. VI	ELEZ, M	1)		9515 HAR		Baltin	40 ze, Y	Nd 21234
BP		IS	URIAL, CREMATION, REMO	2.10			METERY OR CREMATORY	23d. LOCATION CITY OF TOWN		OUNTY	STATE
DHMH - 16 60M 7/7 (VR A 15 (4))	3	N	NERAL DIRECTOR NAME CATOLOGICAL	- 7527	Harfry F	Pel.		B 8 1983	John Solu	J. G	thicle

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DECEASED NAME 1231 MODIL  INFORMANI ON THAT A THE THREE THRE		1	FOR - STATE REGISTRAR		DEPARTM	LENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		0 3	4 4	2
1. SEX   FRACE   S. DATE OF BIRTH   A. AGE (PNYTAS LAST BRITICAL)   TOWNS			ECEASED NAME FIRST	e1 .	VIDDLE	5	1.1.0		MONTH DAY YE		JR 150
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MATYLAND  10. CITY OR TOWN OF DEATH  TOWNON  DULING YEAR OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  DULING YEAR OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  DULING YEAR OF HOME OR OTHER INSTITUTION  DUSTRY  HOUSEWIFE  12. STREET ADDRESS  WATYLAND  USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION  DUSTRY  HOUSEWIFE  13. STREET ADDRESS  WATYLAND  14. FATHER'S NAME  MODIE  14. FATHER'S NAME  MODIE  15. MOTHER'S MADEEN NAME  MODIE  16. WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO  17. INFORMANT  NO  18. CAUSE OF DEATH Enter only one couse per line for 10 J. Ib. and 1c.  PART I. DEATH WAS CAUSED BY:  CONDITION OF BUILDING WAS CAUSED BY:  CONDITION OF BUILDING WAS CAUSED BY:  CONDITION OF BUILDING WAS CAUSED BY:  WATYLAND  18. CAUSE OF DEATH Enter only one couse per line for 10 J. Ib. and 1c.  CONDITION OF BUILDING WAS CAUSED BY:  CONDITION OF BUILDING WAS CAUSED BY:  WATYLAND  18. CAUSE OF DEATH Enter only one couse per line for 10 J. Ib. and 1c.  CONDITION OF BUILDING WAS CAUSED BY:  CONDITION OF BUILDING WAS CAUSED B	امرات و	. 7a.	PEMALE STATE OF FOREIGN			8	10 94	9 BALTIMORE CITY O	YRS.		
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PROPERTY LAND BALTIMORE WHITE HALL VIS. THE CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 OR AS A CONSEQUENCE OF CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 OR AS A CONSEQUENCE OF CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 OR AS A CONSEQUENCE OF CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 OR PART 10		1	owson	Dulaney:	Bowson N	DDRESS)		TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUS		.33 08
Austava    The Was Deceased Diver in U.S. Armed Forces?   The Social Security NO.   17. Informant   Address   Althority   18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c)   PART 1. DEATH WAS CAUSED BY.   Immediate couse of immediate couse (o), stoling the underlying couse   Issue   Issue	52L	130	STATE LATY LAND	or other institution, of the control	GIVE RESIDENCE BEFORE 13. CITY OR TOWN White Ha	ADMISSION)		13e. STREET ADDRESS 19630 Gray	stone Rd.	21161	
18 WAS DECEASEDEVER IN U.S. ARMED FORCES?   18 SOCIAL SECURITY NO.   17 INFORMANT   18 CAUSE OF DEATH Enter only one couse per line for 10, 16), and 10.   18 CAUSE OF DEATH Enter only one couse per line for 10, 16), and 10.   18 CAUSE OF DEATH WAS CAUSED BY.   19 CAUSE OF DEATH WAS CAUSED BY.	ekomine	14	FIRST	WIDDLE					Alt	man	
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The second state of the se	or ather traumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR  (b)  DUE TO, OR  (c)	Brain CT AS A CONSEQUE	NCE OF		h ju jarche		1+2/2.	
OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  21e PLACE OF INJURY  INTURNE NOTIFY MEDICAL EXAMINER)  21e PLACE OF INJURY  INTURNE NOTIFY MEDICAL EXAMINER  21e PLACE OF INJURY  INTURNE NOTIFY MEDICAL EXAMINE	No on	RTIFICATION	190 DATE OF OPERATION 12 - 82	196 CONDIT	TION FOR WHICH O	OPERATION	Carcinosa N WAS PERFORMED My for CA of Fread	200/AUTOPSY?	20b. IF YES, WERE FILL IN CERTIFYING CALL YES	INDINGS USED USES OF DEAT NO	IH?
sow the deceased alive an above, (I) (wa) (did) (did-not) view the bady after death	or them		OR CONTRIBUTING CAUSE OF E  [IF EITHER, NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOT WHILE	P.A. PLACE C	M. MONTH DA	19	211. LOCATION				TATE
202	em 21 is		22a I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did-	n 2 -	9 108		d that in (my) (ever) opinion operate	to		, that (I) (and the courses stop)	
Treducisk Vollmer Man, physician physician Director physician 2-10- 22d. Physician's NAME (Type openint)  TREDERICK J. VOLLMER  6100 YORK PD. BALTIMORK MI) 212	RTANT: #				LMER	mi	220 ADDRESS	DIRECTOR   PHYSIC	IAN 2	21217	3
Burial 2/114/83 Glen Haven Cemetery (County County	≤	23a	BURIAL, CREMATION, REMOVA [SPECIFY]  Burial		3-			CITY OR TOWN		51/	ATE
50M7/77 A. Alan Seitz, Jr. 3818 Roland Ave. 21211  256. Date Rec'd. By Registrar's Jensure 1 1983  FEB 1 7 983	77			Jr. 3818	Roland A	ve. 2	1211 FE	B 1 7 1983	25. REGISTRAR'S SIG	Cohiel	R

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FOR - STATE

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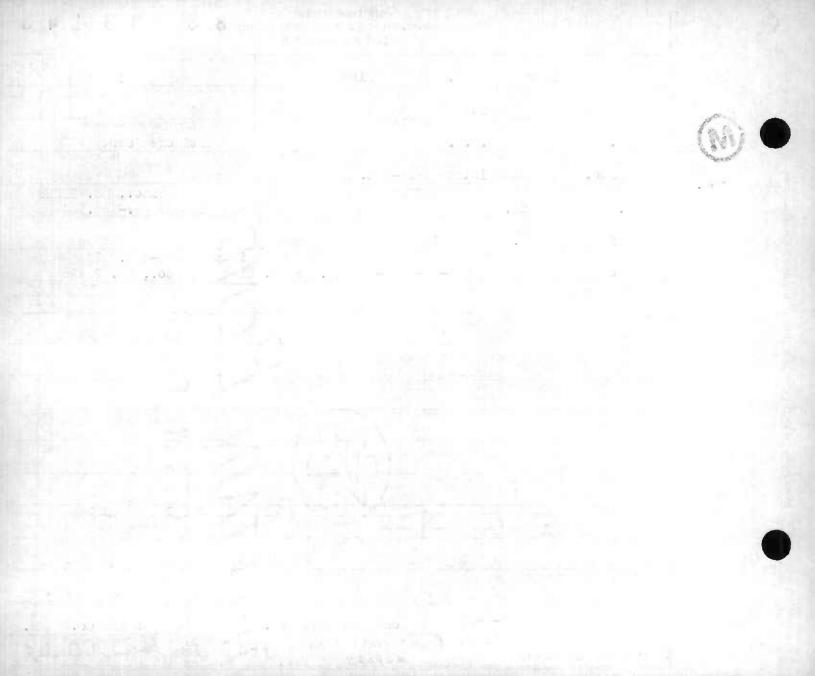
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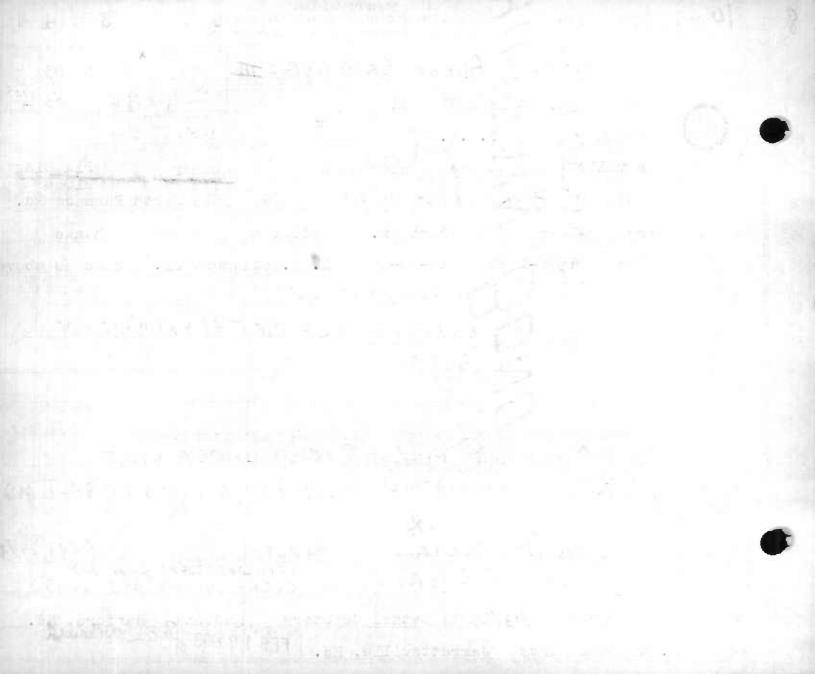
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

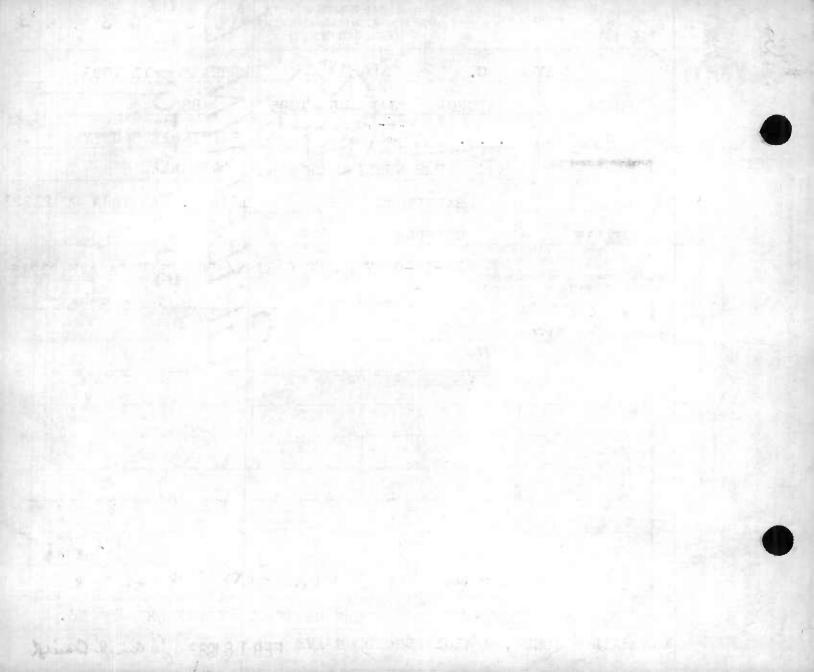


AT OF	1	OR	STATE OF MARYLAND	4 4 4		
8/		TATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH			
	1. DE	EASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN M MONTH	DAY YEAR 126 HOUR		
Mad Se	(TYF	ORPRINT) HARRY	OF ESTI-	8 1983 M		
FREE	1.5E	4. RACE 5. DATE OF BIE	RTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH	DAY YEAR 24 HOUR		
22 S	M		1951 31 YRS. HOURS MIN. PRONOUNCE PE 38	1983 1703 M		
	7a. B	THPLACE (STATE OR 76. CITIZEN OF	FWHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNT			
SAN SAN	M	aryland U.	S.A. WIDOWED   DIVORCED   BALT CO	MD.		
S. FRANCE		(IF NOT IN SU	CH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING (IFE)	126 KIND OF BUSINESS OR INDUSTRY		
N DELA		RESIDENCE (IF IN NURSING TOME OR OTHER INSTITUTION	Knoll Acres Road Laborer	Plumbing		
MD. 21201 H. IF ANY DE T. 2. SHOUD N. 3. RETAIN N. 4. RECORD	13a. S		13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS	rnace Rd.		
MA 322	20	FIRST MIDDLE	LAST 15. MOTHER'S MAIDEN NAME MIDDLE	LAST		
ORE, M ORE, M OGES 1.				Manke		
TIMO FIER FOR FOR JON	160 V	AS DECEASED EVER IN U.S. ARMED FORCES?				
W. PRESTON ST., BALTIMORE,  WITHIN 24 HOURS AFTER DEAT  FINCIL IN ITEM 18. GIVE PAGES  MINER ALONG WITH FORM PI-TRANSIT PERMIT. PAGES LAN  SHTAL HYGIENE, DIVISION OF YOR REMOVAL.		Yes 1976-1980		me as above		
201 W. PRESTON ST., B. UJED WITHIN 24 HOURS IN PENCIL IN ITEM 18. C EXAMINER ALONG WI IAL - TRANSIT PERMIT D MENTAL HYGIENE, DI), OR REMOVAL.		18 CAUSE OF DEATH (Enter only one cause per PART I DEATH WAS CAUSED BY:	ASPHYXIATION	BETWEEN ONSET AND DEATH		
ESTON S IN 124 HC IN ITEM ALONG SIT PERM AOVAL.		913 3 IMMEDIATE CAUSE (0)_	OR AS A CONSEQUENCE OF			
, 201 W, PRES UTED WITHIN I'N PENCIL IN EXAMINER , RAL-TRANSI ID MENTAL HID MENTAL HID		Conditions, if any, which gave rise to immediate (b)_	BURIED UMPER DIRT.ATEXCAUAT	15 De		
W. WENT		cause (a) stating the <u>under-</u> lying cause last.	, OR AS A CONSEQUENCE OF			
S S S S S S S S S S S S S S S S S S S		(c)	SITE			
DIVISION OF VITAL RECORDS, 201 N S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD "PENDING" IN PR RDED TO THE CHIEF MEDICAL EXAN RD SHOWLD BE USED AS A BURIAL. TO PRIOR TO BURIAL, CREMATION,	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO O	BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d).	Cap S		
HOULD HOULD RE WEEN WEEN WEEN WEEN WEEN WEEN WEEN W	CERTIFICATION	196. DATE OF OPERATION 196. CO	NDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?		
OF VITAL RICATE SHOULD CATE SHOULD HE WORD "PR THE CHIEF A THE CHIEF A TIMENT OF BUSINESS.	4 5	210. EXTERNAL CAUSE WAS 216 TIM	1505UNJURY 1216. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN JIEM 18 PART LOR PAR	YES NO		
DIVISION OF V	100	UNDERLYING OR HOURI	(AM) MONTH, DAY, I YEAR   O	(T2) -		
SHO TO TO TO SHOPE	MEDICAL	CONTRIBUTING CAUSE OF DEATH 1013	S.M. FEBS 1963 150 (C) ED UMPER OLAT  ACE OF INJURY (ATHOME 211. LOCATION			
DIVISION OF VI  MARE: THIS CERTIFICATE SHIGATE. WRITING THE WO!  E FORWARDED TO THE CATOR: PAGE 3 SHOULD BE  ITHE STATE DEPARTMENT  AND, 21201 PRIGR TO BU	Me	WHILE NOT WHILE DESTREET	CAVATION 2904 KHOLL PERES RO	BALT MO		
PORV FORV NO. R. P		22a. I certify that I taak charge of the remains	s described above, held an Autopsy . Inspection Inquiry . and in my ap	inian		
WE W	3	death resulted from Natural causes	Accident Suicide , Hamicide Undetermined manner .			
MAN WAN		ACTUAL ( MINT)	merh DE PUTY DATE	F-EB8.1983		
SE S		SIGNATURE JUVOTI	M.D. VET WESTERM RUN	RO		
MED WED	4	EXAMINER'S NAME PASE	GUERIN ADDRESS COCKEYSVILLE MO	21030		
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE. WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGAFIRE DEATH, WITH THE STATE BATTIMORE, MARTHAND, 2122	23a.B	RIAL, CREMATION, REMOVAL 23b. DATE	236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY OF TOWN COUNTY	ITY STATE		
BP		Burial  2/13/1	983 Bethel Cemetery Madonna Harf	ord. Md.		
DHMH - 17	24. F		DRESS FEB 1 7 1983	Change M		
(VR A15 ME (5)) 15M 2/80	AT .	Gladden Kurtz J	arrettsville, Md.   FLO 1   1000 7			



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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



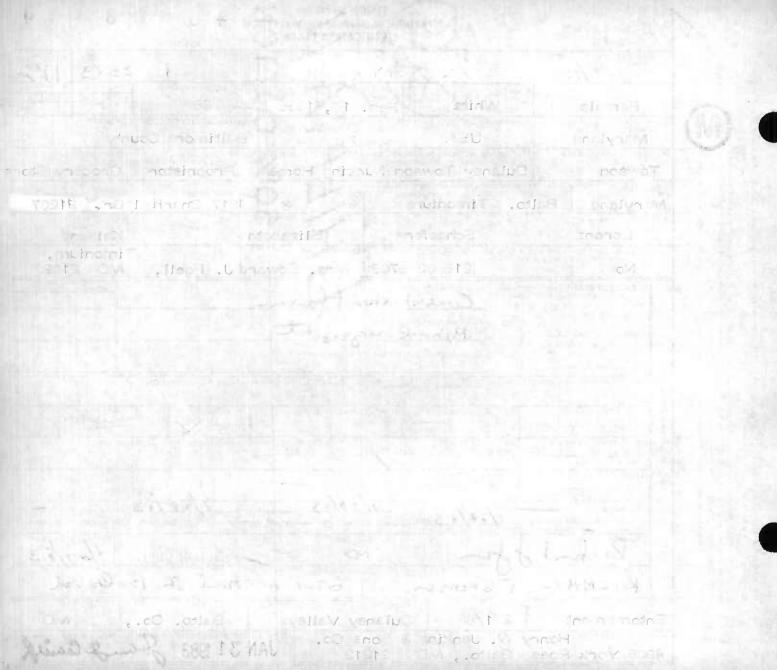
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STATE OF MARYLAND



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O. W.	A SAN	14 F	ATHER'S NAME FIRST	M	DDLE	LAST		15. MOTH	ER'S MAIDEN	NAME	WIDDLE	-	LASI	
JE.	KKK KK	1	John	A.		omervill	е		uline				tauffer	
IMO	SS ON	166.	WAS DECEASED EVER	IN U.S. ARMED		16b. SOCIAL SE		17. INFORA			ADDR		21231	
ALT	RE AFTER  I. GIVE PA WITH FOR PAGES DIVISION		Yes	1946-1	948	212	26 25	91 Joan	n B. S	omervi	11e 120	3 Link	side Dr	•
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2	A PERMEN	135	PARTIDEATHV	VAS CAUSED BY		Atou	les	Mylo	cardi	12/ I	n bon	dien	Sila	te.
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98	RA A SECTION		Canditions, if		(b)		/	/						
*	NAME OF THE PARTY		cause (o) statin	g the under-		AS A CONSEQUE	NCE O					- 477		
20	SA PER		lying couse last	-	(c)								KIB	
SOS	AABSAR		PART 2 OTHER SIGNIFICA	NT CONDITIONS CONT	RIBUTING TO DEATH	RUT NOT RELATED TO T	HE TERMINAL DISI	ASE DR CONDITIO	N GIVEN IN PART	110				
0	MEDICA MEDICA AS A B ALTH A CRE/A	No												
DIVISION OF VITAL RECORDS	CERTIFICATE SHOULD BE MING THE WORD "PENDINGED TO THE CHIEF MEDICAL SHOULD BE USED AS A DEPARTMENT OF HEALTH I PRIOR TO BURIAL, CREATH I PRIOR TO BURIAL	CERTIFICATION	19a. DATE OF OPER	ATION	196. COND	TION FOR WHICH	OPERATION	WAS PERFOR	MED?				20 AUTOPS	(3
TA TA	JOHN PAR	ΊĔ	127911 111		190								YES 🗆	NO 🗹
JF V	THE ONLD BE MENT TO BE		216 EXTERNAL CAL		216. TIME O			HOW INJURY	OCCURRED	ENTER NATURE	OF INJURY IN ITEM	18 PART I OR PART		
N	ARTA OR TA		UNDERLYING CONTRIBUTING	OR CAUSE OF DEAT			YEAR							
/ISIC	ERTING ING PRICE PRICE	MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY (AT H		LOCATION						
2	SERRES	*	AT WORK AT V	WHILE	STREET, FAC	TORY, FARM, ETC.)		STREET		CITY	OR TOWN	COU	NTY	STATE
									11					
3.391	E CERTIFICATE DUID BE FOR L DIRECTOR: H, WITH THE S MARYLAND,					ribed obove, held		opsy 🔲,	Inspection	La, Inc	quiry L.,	ond in my opi	nion	
	SE S	-	death resulted from	Notwole	auses L.	Accident,	Suicide L	Hamic	cide	Undetermin	ed monner	١.	,	,
	MI EX.		ACTUAL AND	1 a day	18	1	15	ATLE (S	PECIETY .	0		DATE	26	La
	SHE SHE	1	SIGNAPIRE	ance		eno	car	M.D. LJC	1014	MEDICAL	EXAMINER	SIGNED	14/	13_
	W DE W		EXAMINER'S NAME					//	4					
	TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL		(TYPE OR PRINT)					ADDRESS_	//					
	- m a - < 0	(	URIAL, CREMATION,					OR CREMAT		23d. LOCATI	A/N	COUNT	TY :	STATE
	BP		Burial UNERAL DIRECTOR		/12/83			Cemet	TE DATE DE	CO BY DEC	imore,	Md.	Chiarine	
	DHMH - 17	14 1	Alan Seit		ADDRES	5 001	0 5-7		C C D	1 7 198	ISTRAR ZSI. RI	Q .	MATURE	7
	(VR A15 ME (5))	A.	Alan Seit	z, Jr. F	uneral	Home 361	O KOT	mo Ave	• I LD	1 1 130	o a	~~~	- mary	

Day Land

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Tellmaic 1916-1918 the gen does B. Somerville 1203 Linkside Cr.

Eurisl 2/2/83 Druid Hidge Constary Seltinors, Ed.

A. Alan Sellz, Jr. Penoral Home 3818 Roland Ave. FER 1 7255 Jer

medico

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR				CERTIF	CATE OF DEATH		REG. NO	).		
	CEASED NAME OR PRINT)	Mary	М.	MIOOLE		rentino	20	DATE OF DEATH	MONTH 2	25 83	26 HOUR 5:15A A
3. SE		100	RACE	5. DATE OF BIRTH MONTH DAY		DAY YEAR		AGE (IN YEARS LAST BIRT	HD AY)	MONTHS DAYS	IF UNDER 24 HRS
	emale		White		March 25, 1896			86	YRS		
	COUNTRY)		6. CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MARRIED			BALTIMORE CITY O	R COUN	TY OF DEATH	
	taly		U.S.A.		WIDOWE			Baltimo		ounty	ME
10 C	CITY OR TOWN OF DEATH  TOWSON		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	dical Cente	(1	b. USUAL OCCUPATE			OF BUSINESS OR
	AL RESIDENCE (IF NUR	ING HOME OR	THER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)	arear defree		Housewife		W.	
	STATE	13b. COUN		13t. CITY OR TOW	N	138. INSIDE CITY LIMIT		e. STREET ADDRESS	511		
_	aryland	Balti	more	Towson		YES NO 12		2706 E. Joj	opa	Road	21204
	lvatore	N	MDDLE	Maggio		Jenny	IA IAWWE	MIDDLE		Vazinr	ast na
	VAS DECEASED EVER			166. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRE	SS	7 00.22.111	
No	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES	212-20-3	454	Genevieve	Rule	ey 8032 W	ynbr	ook Road	1
	18 CAUSE OF DEAT PART I. DEATH W  Conditions, if ony gove rise to im- couse (o), stofit underlying cause	AS CAUSED  JAMMEDIATE  , which mediate ng the	DUE TO, OI		troin NCE OF 1 var	testinal he	emorr	rhage		BFTWEEN	XIMATÉ INTERVAL ONSET AND DÉATH
	PART 2 OTHER SIG	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE	TERMINA	AL DISEASE OR CONE	OITION	GIVEN IN PART 1	101
O	Choled	ocholi	thiasis	and cho	lelit	hiasis					
CERTIFICATION	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?  YES █ NO□	IN CER	YES, WERE FINDI TIFYING CAUSE: YES X	
	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OF	CCURRED	ENTER NATURE OF INJUR	Y IN ITEM 1	8. PART I OR PART 2)	
MEDICAL	21d INJURY OCCUR WHILE NOT WE AT WORK	THE	21e. PLACE ( (AT HOME STR	OF INJURY REET, FACTORY, OFFICE, FA		211. LOCATION STREET	0.0-	CITY OR TOV	VN	COUNTY	STATE
	220.   certify that (1) saw the deceas above, (1) (we) (-	ed olive on_	2/25	19	0.0	/14 , 19, 19	ornion dea	th occurred on the do	te ond h	our and from the	that (I) (we) last causes stated
	226 SMANIATIIDE			0001111		DECREE				1224 DATI	CICNED

Robert A. Palermo, M.D.

22e. ADDRESS

ATTENDING PHYSICIAN

Charles St. 21204 Towson.

MEDICAL STAFF
DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL (SPECEY)

Burial 23b. DATE eb. 28,

23c. NAME OF CEMETERY OR CREMATORY

New Cathedral

23d. LOCATION COUNTY

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc. Baltimore, Maryland

1983

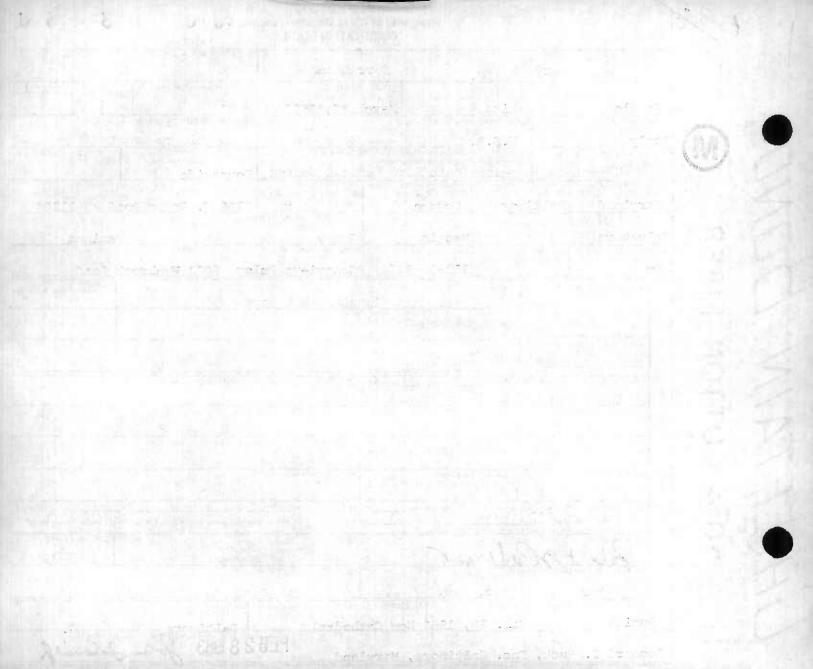
FEB 2 8 1983

2-25-83

STATE

DHMH-16 30M 2/80 (VRA 15, 4)

BP



FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 4 5 1
EASED NAME FIRST FRANCES	A.	SOTASKI	Februar 6, 1983	20. 1100K
Female	4. RACE White	S. DATE OF BIRTH Sept. 27, 1924 AR		UNDER 1 YEAR IF UNDER 24 HRS
THPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore County or County of Baltimore Count	
y or town of DEATH undalk	11. NAME OF HOSPITAL, NURSING (F. 43 Tuc Oak Wood eet P		120. USUAL OCCUPATION HOMEMAKEYST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
Hand Base				
	einski – Klinick	i Anna	MIDDLE	niak
AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		ADDRESS	
NO OR UNKNOWN) (IF YES, GIVI	214-20-95	70 Andrew Sotas	ki 431 Oakwood Roa	ad 21222
PART I. DEATH WAS CAUSE	by one couse per line far (a), (b), and BY:  E CAUSE (a)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	NCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  LYZ
PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVEN	NIN PART ITO
19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFYI YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEA  (IF EITHER NOTIFY MEDICAL EXAMINER	IN	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	RT I OR PART 2)
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
220. I certify that (1) (this hospit saw the deceosed alive on abave, (1) (we) (did) (did no	tal) attended the deceased from 19 19 11) view the body after death.	, 19 <u>80</u> , and that in ( <u>my</u> ) (our) opinion	death occurred on the date and hour of	9 83 , that (I) (we) last and from the causes stated
226. SIGNATURE	Cortler	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	27. DATE SIGNED 27-83
22d PHYSICIAN'S NAME (TYPE O Edward P. (	Costlow, M.D.	22. ADDRESS 3501 St. 1	Paul Street	

Conditions, if ony, which (b)_ trou gave rise to immediate other ( couse (o), stating the DUE TO. underlying couse last 20 PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION shows ony 198. DATE OF OPERATION 19b. CON 21a. ACCIDENT WAS UNDERLYING 21b. TIME 8 HOUR OR CONTRIBUTING CAUSE OF DEATH morked or Hem MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLAC (AT HOME NOT WHILE 220.1 certify that (1) (this hospital) attended MPORTANT: If Hem 21 is saw the deceosed alive on abave, (1) (we) (did) (did not) view the box 226. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OF PRINT) Edward P. Costlow 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236. DATE Baltimore Maryland Burail 2-9-1983 Holy Rosary Duda-Ruck Funeral Home, Inc. ADD 7922 Wise Ave 2122 FEB 10 1983 24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

0

FOR - STATE REGISTRAR I. DECEASED NAME

(TYPE OR PRINT)

Marvland

Dundalk

Maryland

14. FATHER'S NAME

No

Alexander

(YES, NO OR UNKNOWN)

O BIRTHPLACE I STATE OF FOREIGN

0. CITY OR TOWN OF DEATH

3. SEX

USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION

160 WAS DECEASED EVER IN U.S. ARMED FORCES

	Approximation of the second of		
Value staff k		Jeen in	
Li description de la constitución		T Bar Comme	
	Service State of the service of the		
ALL CAR STORY	ist of the last of	47	

medicol

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

- STATE REGISTRAR				CERTIF	ICATE OF D	EATH		REG. NO.					
1. DECEASED NAME	FIRST		MIDDLE	1	AST		20. DATE OF D	EATH M	ONTH	DAY	YEAR	2b. HO	UR
	JAMES			SOUS	STEK				02 2	25	83	7	PM
3. SEX		4. RACE		5. DATE C		1800	6. AGE (IN YEA	RS LAST BIRTH	DAY)	MONTHS	DAYS	IF UNDE	R 24 HRS
MALE		WHIT	E	11	22	VEAR 06	130	76	YRS	MONTHS	DAIS	HOURS	MIN.
To. BIRTHPLACE (STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D MEVERA	AADDIED []	9. BALTIMOR	E CITY OR		Y OF DE	ATH		
CZECHOS LOVA	AKIA	U.S.	Α.	WIDOW		ORCED T	BAIJ	'IMORI	E COI	INTY			MD.
10 CITY OR TOWN OF DE		11. NAME OF	HOSPITAL, NURSIN	G HOME C			12a. USUAL O	CCUPATIO	N	12b	KINDO	F BUSIN	-
ARBUTUS	-	801	FRANCIS		IE		TYPE OF WORK F		WORKING L		OUSTRY THLE	HEM	STEE
USUAL RESIDENCE (IF NUI 13a. STATE MARYLAND	18b. 2 OU	OTHER INSTITUTION.		ADMISSION)	13d. INSIDE C	ITY LIMITS?	13e. STREET AL 801 F		rs av	/ENU	E. 2	122	7
14. FATHER'S NAME	DITTI	HORE	IMEDIA	-		MAIDEN NA		14.110.		2110	-, -	. +	,
FRANK		MIDDLE	SOUSTEK			INA		WIDDLE			SMID		
160. WAS DECEASED EVE	R IN U.S. AR	MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMA		-	ADDRES	S			.227	
(YES, NO OR UNKNOWN)	(IF YES, GIV	VE WAR OR DATES)	216-01-	5196	LILLIA	AN M. S	SOUSTEK	801	FRAN	CIS			
18. CAUSE OF DEA PART I. DEATH V	WAS CAUSE	TE CAUSE (0)	line far (a), (b), and	ar	nest						APPROXI BETWEEN C	ONSET AN	Col
	nmediate ing the se last.	(c)	ASC.V RAS A CONSEQUE P+ also ENTRIBUTING TO D	Rod	lug			OR COND	TION GI	VEN IN	2 PART 11c	mo	
19a. DATE OF OPERA	ATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOP	SY?	20b. IF YE				
曹							YES 🗌	NO		ES 🗍	LAUSES	NO	
On COLUMN THUS	CAUSE OF DE	ATH HOUR A.	M. MONTH DA	Y YEAR	21c HOW IN	JURY OCCUR	RED (ENTER NATU	RE OF INJURY	IN ITEM 18	PART I OF	PART 2)		
UF EITHER NOTIFY MEI  WHILE NOT VALUE OF WORK AT WORK	VHILE	21e. PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F		21f. LOCATIO	N		CITY OR TOW	N	cc	YTAUC		STATE
22a.1 certify that ( saw the decea		ital) ottended the	/		nd that in my	(our) opinion	death accurred	an the dat	e and ha		from the	causes s	
224 PHYSICIAN'S N	lion (	2 Wate	futr 1	mo	7 4	TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICI		1	2/2	5/8	3
The Atlanta Company		ATERFIEL	b, M.D.		The state of the s		HOSPITA	L, ON	COLO	GY I	EPAI	RTME	NT
23a BURIAL, CREMATION				NAME OF C	EMETERY OR		23d. LOCAT	ION					
BURTAT.		02-28	-83 GL	EN HA	VEN MEM	PARK		BURN	IE	A A	M	ARYI	AND

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

4107 INC. FUNERAL HOME.

21229 WILKENS AVE.

250. DATE REC'D. BY REGISTRAP 256. RECUSTRAPS SIGNATURE AND THE PROPERTY OF TH

NU BEN MILE	10/1/20			A STATE OF THE STA
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densy somme denkers for		zichusa las.		
	ALIA	3.12-330		
THE PARTY OF THE PARTY OF		ere en		

Duda-Ruck Funeral Home of Dundalk, Inc.

- STATE

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

2b. HOU

12h KIND OF BUSINESS OR

Chemical Co.

nour

NO [

STATE

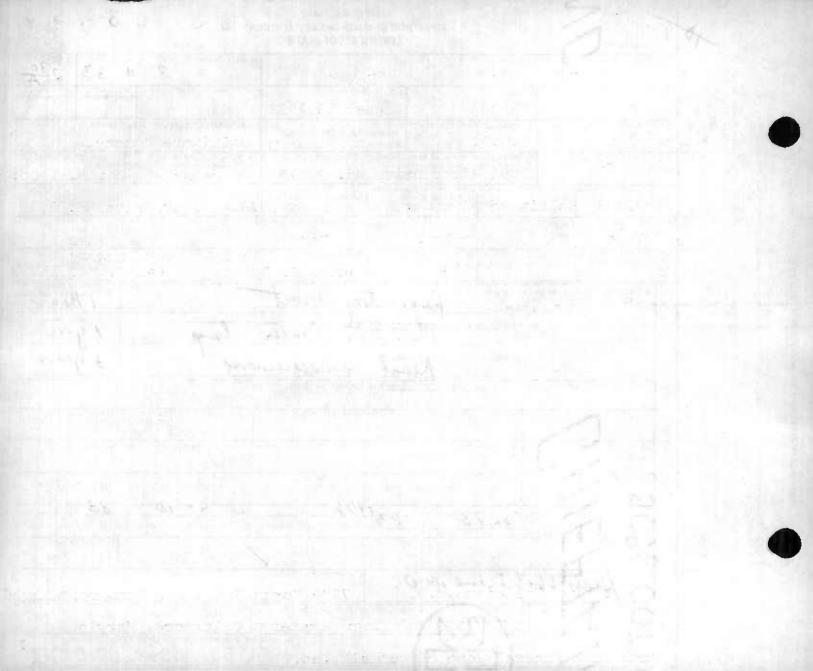
COUNTY

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

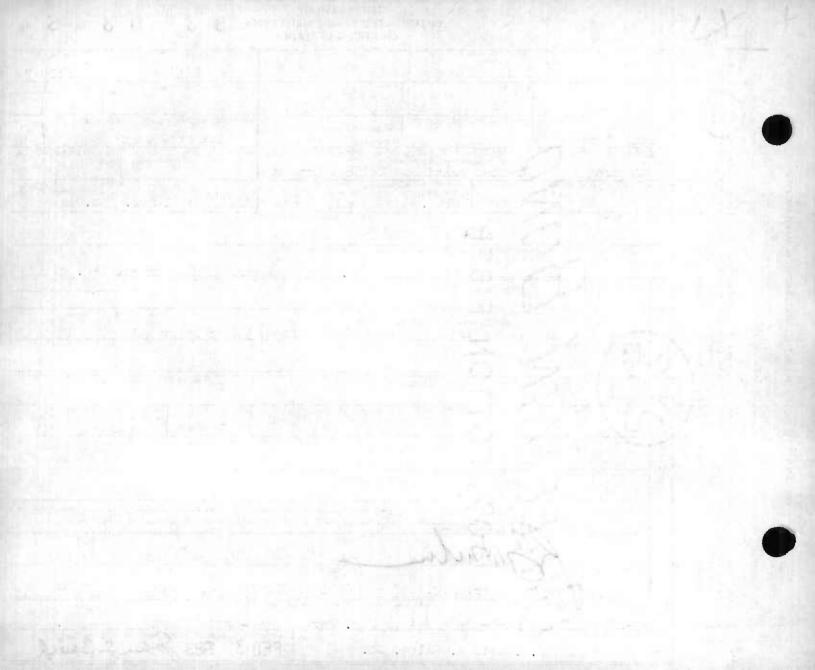
22c. DATE SIGNED

Lee

IF UNDER 1 YEAR



STATE OF MARYLAND

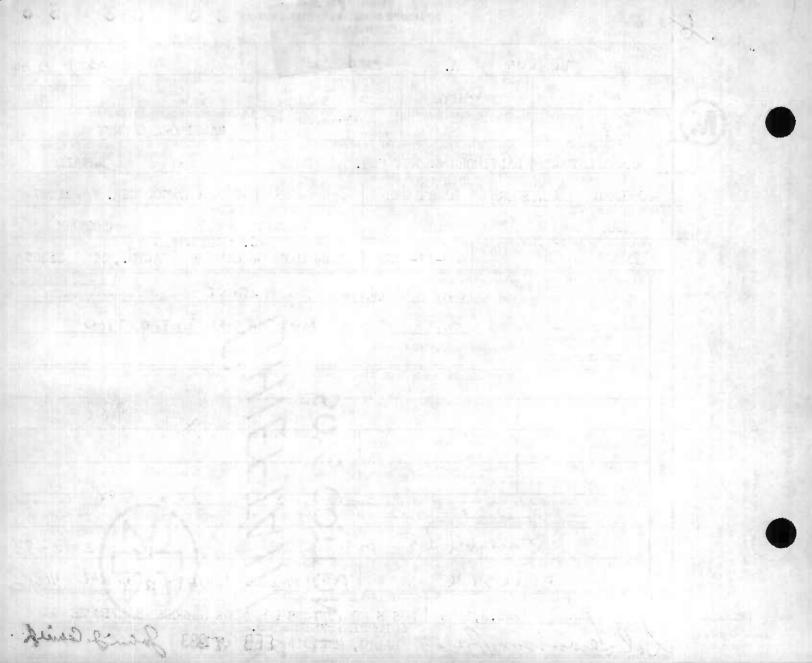


9	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAI CERTIFICATE OF DEATH	L HYGIENE 8 3 0 3 4 5 5
-/\		CEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR P
oy be		WILME		FEBRUARY 9,1983 2:45 M
4 moy	3. SE		RACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
86 W	70.0		02	10 A YRS.
deoth. Poge	7	COUNTRY) IARYLAND	MARRIED WINEVER MARRIED WINEVER MARRIED WINDOWED DIVORCED	BALTIMORE COUNTY
hours after a d in by the filed wal	10. C		1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TO THE PROPERTY HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) ROLLING MILL REMOCO STEEL
24 suld illect	USU 13a. S	AL RESIDENCE (IF NURSING HOME OR OT 13b. COUNTY ARTIAND BALT)		TS? 130 STREET ADDRESS 21234
l within	14. FA	THER'S NAME FIRST MIC	DDIE LAST 15. MOTHER'S MAIDE	N NAME MIDDLE LAST
d com		VAS DECEASED EVER IN U.S. ARME	ED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT	RA STARKEY
n and c	C	YES, NO OR UNKNOWN) (IF YES, GIVE V	TI 220 14 1345 FAMI	LY RECORDS
certificate bing physicia phonpapers. remaval. ic event, the		PART I DEATH WAS CALISED	one couse per line far (a), (b), and (c) BY: CAUSE (a) KLEBSILLA PNEUMONTA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
00000		4820	DUE TO, OR AS A CONSEQUENCE OF	ARRENTS LE LET ER LE
e deoth ce e ottendin motion, or troumatic	7	Canditions, if any, which	( (b)	
of the yy the se rer crem		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	
10 0	N	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
law re is been seemit. E prior sony is	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO
음악 후조한 6		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		CCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
	MEDICAL	21d. INJURY OCCURRED  WHILE OF WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
a Ple A		220. I certify that (1) (this haspital		inian death accurred an the dote and haur and from the causes stated
OR ATTEN be haspital DIRECTOR: ached far us Dept. of He		sow the deceosed alive an abave, (1) (we) (did) (did nat) v 27b. SIGNATURE	view the bady after death.  DEGREE	72c. DATE SIGNED
by the has by the has ERAL DIREC e detached State Dept.		naturidad	D. de Leon M. D. ATTENDI	NG _ MEDICAL _ STAFF \ 3 /6/C 3
HOSP sined FUNI Pould b		22d. PHYSICIAN'S NAME (TYPE BRP	DELEON M.D.	
Open Open M	23o. E	SURIAL, CREMATION, REMOVAL	236 NAME OF CEMETERY OR CREMAT	ORY 23d LOCATION CITY OR TOWN COUNTY STATE
BP	1	BURIAL		AR. BELAIR HARFORD MARYLAN
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FI	WANS FUNC	INL Chapel Stoo Halford	AB 2 3 1983

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

Land of the other of a part of the fact of the 25 and

TOTAL DE ATH WAS CAUSE OF PATH   Enter only one course per line for (a), (b), and (c)   PART 1. DE ATH WAS CAUSE OF PATH   Enter only one course per line for (a), (b), and (c)   PART 2. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTION OF AS A CONSEQUENCE OF   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF AS A CONSEQUENCE OF   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF RUNNING COURSE OF PART 1. DE ATH WAS CAUSE OF PART 1. DE ATH WAS CAUSE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF RUNNING COURSE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF PART 1. OCCUPATION   PART 1. OCCUPAT	The correction of the control of t			- STATE REGISTRAR				CATE OF D		REG. NO.		
3. SEX	3. SEX	- E		F OR BRIDGE								2b. HOU
ALE  WHITE  ABRIPHACE (START ORPORIGINAL DECIDITION OF MACRO COUNTRY)  NEW YORK  USA  WINDOWED  DWORED  DWORED  BALTIMORE COUNTY  BALTIMORE  BALTIMORE COUNTY  BALTIMORE COUNTY  BALTIMORE  COUNTY  BE USED OF BAND HONDOWN IN THE BALT TO PART	ALE  WHITE    ALE   CALLED OF WHAT COUNTRY   S.   ALE   CALLED OF WHAT COUNTRY   S.	o p	3 SF			Α.						R IF UNDER
12. BARTHELACE (STATE ORFOREIGN   12. CITIZEN OF WHAT COUNTRY?   12. MARRIED   13. MARRIED   13. MARRIED   14. MARRIED   15. MODIFIED   15.	Tours of the decored file of the country of the c	1145	4			~HITE	MONTH	DAY		Cit	MONTHS DAY	
NEW YORK  USA   WIDOWED   DWORCED   BALTTMORE COUNTY  RANDALISTOWN BALTIMORE HOSPITAL, NURSING HOME OR OTHER INSTITUTION   THE COUNTY GEN   TH	NEW YORK  USA   WIDOWED   DNORCED   BALTTMORE COUNTY   ITEM TO THE INSTITUTION   ITEM TO THE INS	RA)		COUNTRY	ON 76. CITIZEN OF		8. MARRIED	XXX NEVER M	ARRIED 🗆	9. BALTIMORE CITY OR COU	INTY OF DEATH	
RANDALLSTOWN BALTIMORE COUNTY GEN. HOSPITAL    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVE NO PART 1 OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN WAS PART 1 OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF WHICH OPERATION WAS PERFORMED    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PERAT 1 OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PERAT 1 OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CONTRIBUTIO	RANDALLSTOWN BALTIMORE COUNTY GEN. HOSPITAL    TOPE OF THE PROPESS   INDUSTRY   INDUSTRY	AN	10.0		II NAME OF		WIDOWE	DI DIV	ORCED [			OF BUICINU
138 STATE   138 COUNTY   36 CITY CATOWN   136 MINIDE CITY LIMITS?   138 STATE   138 COUNTY   136 MARYLAND   1	136. STATE   136. COUNTY   136. CITY OR IOWN   136. MRYLAND   136. STATE   136. S	156			N BALTIM	CH FACILITY, GIVE STREET I	Y GEN	. HOSPI	TAL		NG LIFE) INDUSTR RET	AIL
15. MOTHER'S MAME   15. MOTHER'S MAIDEN NAME   15. MOTHER'S MAIDEN NAME   15. MOTHER'S MAIDEN NAME   16. WAS DECEASED EVER IN U.S. ARMED FORCES?   166. SOCIAL SECURITY NO.   17. INFORMANT   MRS. RUTH SOMETIN   MRS. RUTH SOMETIN   17. INFORMANT   MRS. RUTH SOMETIN   17. INFORMANT   MRS. RUTH SOMETIN   MRS. RUTH SOMETIN   MRS. RUTH SOMETIN   17. INFORMANT   MRS. RUTH SOMETIN   MRS. RUTH SOMETIN   MRS. RUTH SOMETIN   MRS. RUTH SOMETIN   17. INFORMANT   MRS. RUTH SOMETIN   MR	16   FATHER'S NAME   MAX   STERN   S	2 Set be	13a.	STATE 13b	COUNTY	13c. CITY OR TOW	N I	136. INSIDE CI	TY LIMITS?	130. STREET ADDRESS	CID	#2120
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12 Territy they (1) (this helpholy effected the deceased from	saw the deceased alive an 2-2-19-63, and that in (my) (our) opinion death accurred on the date and hour and from the causes stable. (1) (we) (did) (did not) view the body after didth.	ows any in		19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI (IF EITHER NOTIFY MEDICAL EI	21b. TIME CHOUR A (AMINER)  21b. TIME CHOUR A P. 21c. PLACE	DF INJURY .M. MONTH DA .M. OF INJURY	Y YEAR	21c. HOW INJ	URY OCCURR	200 AUTOPSY? 206. I YES NO IN CI	F YES, WERE FIND ERTIFYING CAUSI YES TORPART 2	NO (
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MD. ATTENDING MEDICAL STAFF  220. ADDRESS  220. ADDRESS  230. BURIAL CREMATION REMOVAL 1236 DATE  231. NAME OF CREMATORY 1236 LOCATION	220. PHYSICIAN'S NAME (TYPE OR PRINT)  220. ADDRESS  PALTIMORE COUNTY HENERAL HO  230. BURIAL, CREMATION, REMOVAL 23b. DATE  230. NAME OF CEMETERY OR CREMATORY  230. COUNTY	the State Dept. or require and wentor rygiene priors in RTANT: If them 21 is marked or them 18 shows any in	MEDICAL	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK NOT WHILE SOW the deceased of obove, (1) (we) did) ( 22b. SIGNATURE  22d. PHYSICIAN'S NAME  22d. PHYSICIAN'S NAME	ASSISTED TO SECURITY OF THE CONTROL	OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F. The deceosed from 2 19 4 rofter decition	Y YEAR 19  ARM, ETC.)  D  MARM OF CE	216. HOW INJ 211. LOCATIO STREET  d that in (my) ( EGREE  D A  226. ADDRESS  METERY OR C	N 19 3 3 OUT OPINION OF THE NOTICE OF THE NO	200 AUTOPSY?  YES NO NO IN CITY OR TOWN  CITY OR TOWN  TO 2 - 2 -  Jeoth occurred on the dote and  MEDICAL STAFF DIRECTOR PHYSICIAN  234 LOCATION  CITY OR TOWN	FYES, WERE FING ERTIFYING CAUSI YES   COUNTY  COUNTY  22c. DAT  22c. DAT  COUNTY	in that (1) ( in course street in the course street



## STATE OF MARYLAND FOR - STATE

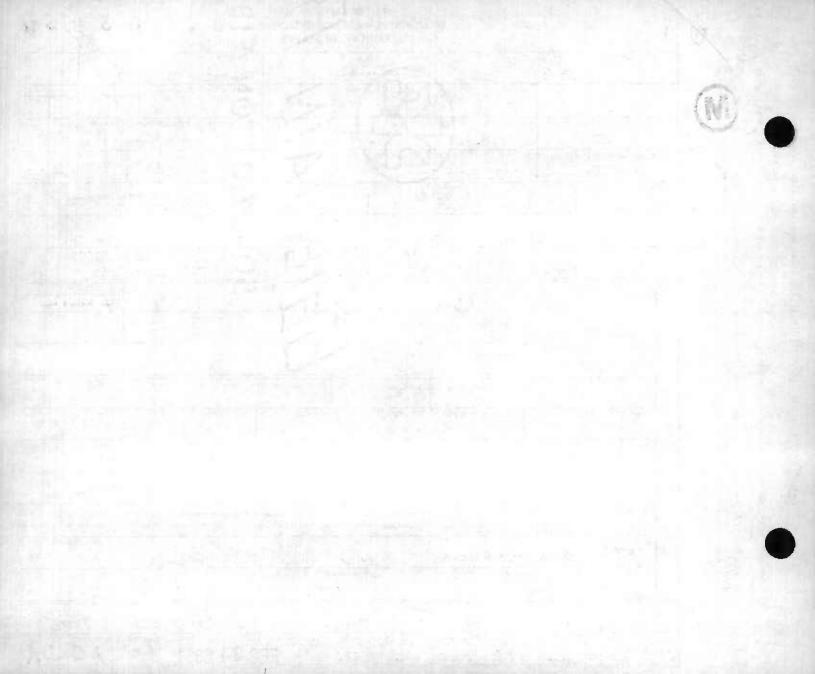
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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medico	(1)	es, no or unknown)	(IF YES, GIV	E WAR OR DATES)	214-20-1	498	Mrs. MollieSt		1 Frys	0=.	
the s		18 CAUSE OF DEAT	H (Enter on	v one couse per			1	7.00			OXIMATE INTER
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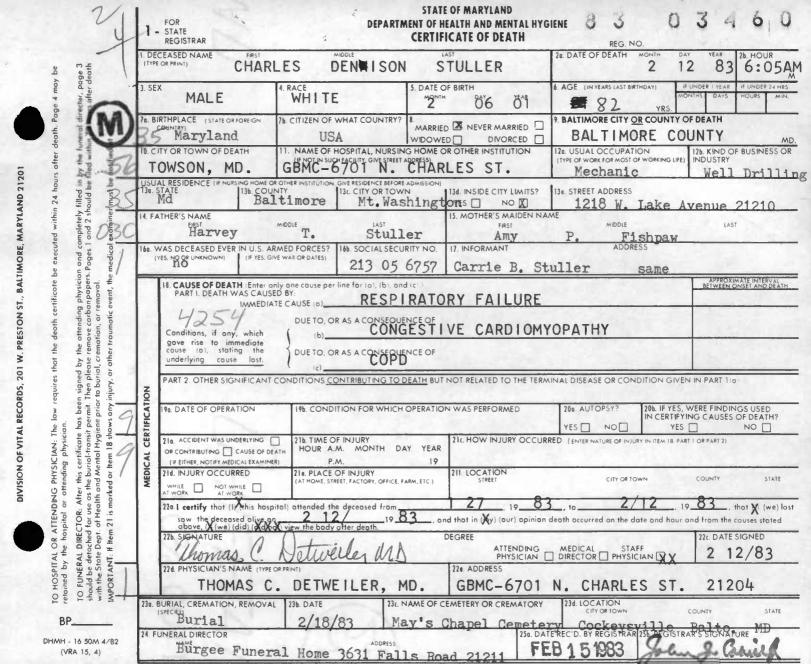
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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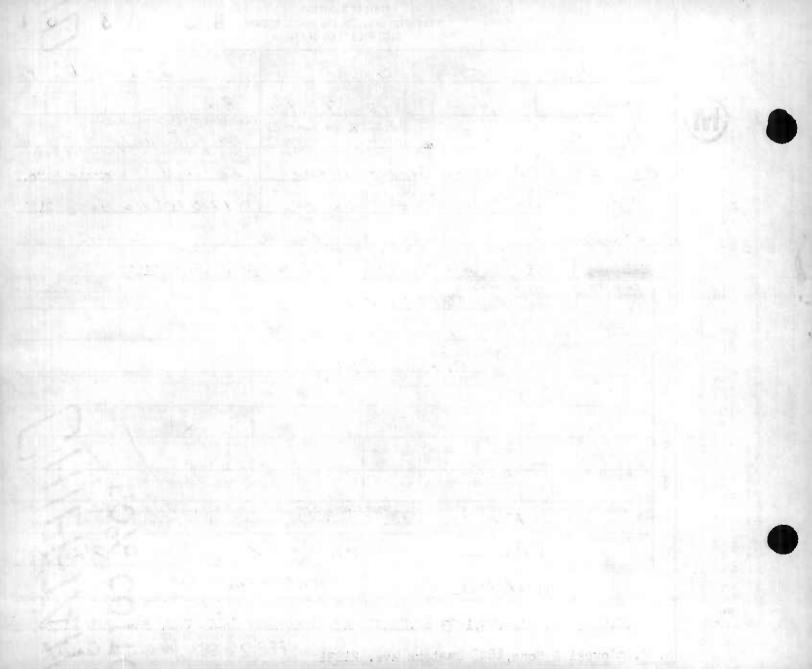


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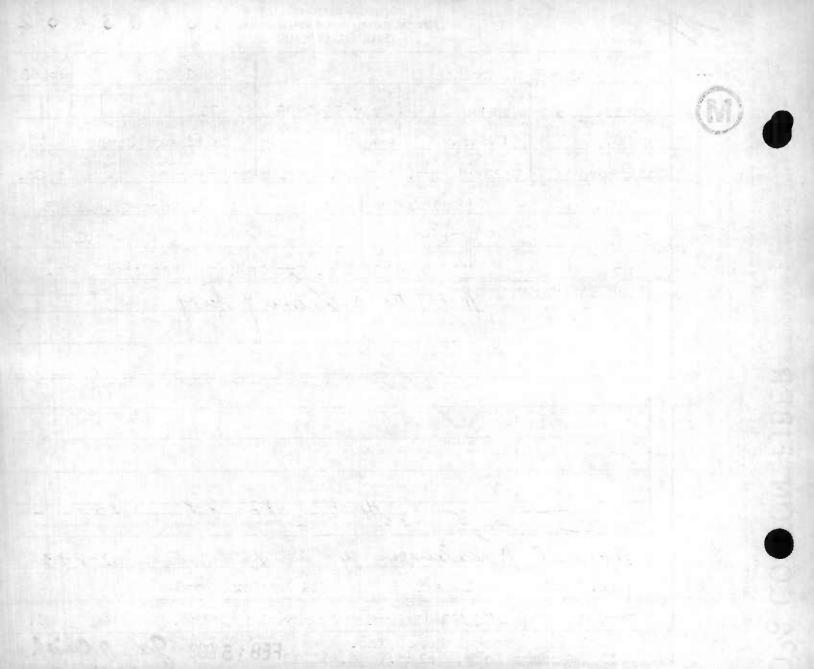
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IMPORTANT: If them 21 is marked at them 18 shaws any injury, at other traumatic event,	WEDICAL	Conditions, if ony, very gove rise to immer cause 101, stating underlying cause  PART 2 OTHER SIGNIF  190 DATE OF OPERATIO  210 ACCIDENT WAS UNDER OR CONTRIBUTING CALL  LIFETIMER NOTIFY MEDICAL  21d INJURY OCCURRET  WHILE AT WORK  220 I certify that (I) (H) saw the deceased above, (I) (was Judie)  22b SIGNATURE  MANUAL  22d PHYSICIAN'S NAM	which diote the last.  FICANT COM  REYING USE OF DEATH  LEXAMINER)  Olive on H (did not) y  AE (TYPE OR PR  ATION	DUE TO, OR  (b)  DUE TO, OR  (c)  NDITIONS COI  196 CONDIT  216. PLACE O (AT HOME, STEEL)  attended the	AS A CONSEQUENT RIBUTING TO SOME PORT WHICH INJURY MONTH MET FACTORY, OFFICIAL PROPERTY OFFICIAL PROPE	DUENCE OF  O DEATH BUT  CH OPERATIO  DAY YEAR  19  E. FARM ETC.)	21¢ HOW INJ 21¢ LOCATION STREET  and that in (my) (s) DEGREE  AT PI 22e ADDRESS	TO THE TERMI  RMED  URY OCCURRI  N  19  URY opinion d  ITENDING HYSICIAN X  4 Har1	Z00 AUTOPSY?  YES NO CITY OR THE COLOR OF INJUSTMENT OF IN	20b. IF YE IN CERTINAL TEM 18	S, WERE FINDING CAUSES ES PART I OR PART 2)  COUNTY  19  ur and from the	NGS USED OF DEATH? NO   STAT



/				STATI	OF MARYLAND		Ph. 194 1 2 2
	1.	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HY		0 3 4 6 3
		CEASED NAME PIRST	MIDDLE		AST	REG. NO.  20 DATE OF DEATH MON  2/5/83	ITH DAY YEAR 126 HOUR
1	3 SE	male	Whi Te	5. DATE C	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DATS HOURS MIN.
		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	TRY? 8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR CO	CIT
	-	MINNESO /A  ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	RE COUNTY MD.  126 KIND OF BUSINESS OR  PRKING LIFE! INDUSTRY
25	USU	ANDAILS LE WIN	BAITIMER E	COUNTY	GEN, HESP	JOURNALIS,	T News Paper
33	13a S	Md 13b gour	VTY 13c CITY OR		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 311 CATA	hedral ST
200		FIRST	MIDDLE LAS		IS. MOTHER'S MAIDEN N	WIDDLE	P 90403
2		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR ORDATEST	SECURITY NO. 3-2857	ANNE Reili	ADDRESS 14 3108-18 12	SF CALIFORNIA
umatic event, m		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE  1MMEDIA:  Conditions, if ony, which	TE CAUSE (0)	electi	espirati	y ares E diseas	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SCOTT
ory. or other in	NOI	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT A	DUE TO, OR AS A CONS  (c)  ANDITIONS CONTRIBUTING		NOT BELIZIED TO THEFTER	MINAL DISEASE OR CONDITION	ON GIVEN IN PART 1(0
2	CERTIFICATIO	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	N WAS PERFORMED		LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO NO
9	CAL	? 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN I	TEM 18 PART ( OR PART ?)
	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE FARM ETC )	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
2		220. I certify that (1) (this haspi sow the deceased alive an above, (1) (1) (did) (did no	9 / 1 /	07/	d that in (my) (per) apinion	, to	nd hour and fram the causes stated
		" Sich Trua	rager		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	DATE SIGNED
		PHYSICIAN'S NAME ON	TYEN		Bach Mun	e hours her	of triping
****	C	SURIAL, CREMATION, REMOVAL (SPECIFY)	Feb 7,1983	GREEN	METERY OR CREMATORY	CITY OF TOWN	COUNTY STATE MA
1)	24 FL	INTERELLATION NAME OF THE PROPERTY OF THE PROP	feld Horse Es	oc YORK	4 4 1 [	EB 1 4 1983	EGISTRAR'S SIGNATURE

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

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STATE OF MARYLAND

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MEDICAL STOLLS

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IVISION OF V	ITAL RECORDS	S, 201 W.	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B	BALTIMORE,	BALTIMORE, MARYLAND 21201	•

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

BP. DHMH - 16 50M 4 (VRA 15, 4)

	10000								REG. NO.			
I I		CEASED NAME FIRST	Fre	eida	ι	LAST	3/ (1)	20. DATE OF DE	ATH MONTH	DAY	YEAR	2b H2
	1	LULA	-3-		THAL	HEIMER			02	13	83	1
	3. SEX	X	4 RACE		5. DATE C			AGE (IN YEARS	LAST BIRTHDAY)	IF UP	NDER I YEAR	IF UNDI
	1	FEMALE	WHIT	E	3	27	92	90		RS.		
20		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WI		8. MARRIE	D NEVER MARR	IED D	BALTIMORE	CITY OR COL	UNTY OF	DEATH	-11
27	M	laryland		.A.	WIDOWE	D DIVORC	ED D		MORE CO			
10		ATONSVILLE	(IF NOT IN SUCH F	ACILITY, GIVE STREET	T ADDRESS)	NURS. CT		Type of work for Housew	R MOST OF WORK	(ING LIFE)	12b. KIND C INDUSTRY	F BUSIN
	USUA 13a. S	AL RESIDENCE HE NURSING HOME CO	ROTHER INSTITUTION, GI	VE RESIDENCE BEFOR	RE ADMISSION)	1 13d. INSIDE CITY LI	IMITS?	3e, STREET ADD	DRESS			
52	Ma	ryland		Baltimo		YES X NO		352 Oa	klee V	illag	ge 2	1229
	14 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAI	IDEN NAM		IDDLE		LAS	ST.
20		Andrew		Yent	ner		garet					Gei
2		VAS DECEASED EVER IN U.S. A	RMED FORCES?	66 SOCIAL SECU	URITY NO.	17 INFORMANT			ADDRESS		2122	9
and !		NO		218-09-	3337	John E.	Tha1	heimer	352 0	aklee	APPROXI	
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR,	AS A CONSEQU	JENCE OF	antie (	201	) ad	vane	ul		
	ICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR A DUE TO, OR A CONDITIONS CON	AS A CONSEQU NTRIBUTING TO	DEATH BUT	NOT RELATED TO T	in	) ad	Y? 20b.	IF YES, W	IN PART 111  ERE FINDIN  G CAUSES	NGS US
2	RTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19e DATE OF OPERATION	DUE TO, OR,  (c)  CONDITIONS COM  196. CONDITIONS	AS A CONSEQU NTRIBUTING TO ON FOR WHICH	DEATH BUT	N AS PERFORMED	0	200 AUTOPS	Y? 20b. IN C	IF YES, WI CERTIFY INC YES	ERE FINDING CAUSES	NGS US
29	L CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR,  (b)  DUE TO, OR,  (c)  CONDITIONS CON  19b. CONDITI	AS A CONSEQU AS A CONSEQU ATRIBUTING TO ON FOR WHICH	DEATH BUT	ecte	0	200 AUTOPS	Y? 20b. IN C	IF YES, WI CERTIFY INC YES	ERE FINDING CAUSES	NGS US
29	_	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI	DUE TO, OR,  (c)  CONDITIONS CON  19b. CONDITI  21b. TIME OF HOUR A.M.  P.M.	AS A CONSEQUENT ON FOR WHICH	DEATH BUT	21c HOW INJURY	0	200 AUTOPS	Y? 20b. IN C	IF YES, WI CERTIFY INC YES	ERE FINDING CAUSES	NGS US
29	MEDICAL CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  19e DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	DUE TO, OR (c)  DUE TO, OR (c)  CONDITIONS CON  19b. CONDITIONS  ATH HOUR A.M.  P.M.  21e PLACE OF	AS A CONSEQUENT ON FOR WHICH	DEATH BUT H OPERATIO	N AS PERFORMED	0	200 AUTOPS  YES N  D (ENTER NATURE	Y? 20b. IN C	IF YES, WI CERTIFY INC YES	ERE FINDING CAUSES	NGS US
29	_	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED	DUE TO, OR,  (c)  CONDITIONS CON  19b. CONDITI  21b. TIME OF HOUR A.M.  P.M.  21e PLACE OF IATH HOUR A.M.	AS A CONSEQUENT ON FOR WHICH	DEATH BUT OPERATIO DAY YEAR 19 FARM. ETC.)	216 HOW INJURY	OCCURRE	200 AUTOPS YES N D (ENTER NATURE)	Y? 20b. IN C	IF YES, WI CERTIFYING YES	ERE FINDING CAUSES  ORPART 2)  COUNTY	NGS US 6 OF DEA NO
29	_	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19e DATE OF OPERATION  21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	DUE TO, OR,  (c)  CONDITIONS CON  19b. CONDITI  21b. TIME OF HOUR A.M. P.M. 21e PLACE OF (AT HOME, STREE	AS A CONSEQUENT ON FOR WHICH	DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC)	21c. HOW INJURY 21f. LOCATION STREET  and that in my (our)	OCCURRE	200 AUTOPS YES N D (ENTER NATURE)	Y? 20b. IN C	IF YES, WIFE THE YES THE MENT OF THE YES THE Y	ERE FINDING CAUSES  ORPART 2)  COUNTY	NGS US 6 OF DE NO
29	_	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIFE EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	DUE TO, OR A CONDITIONS CONDITION	AS A CONSEQUENT RIBUTING TO ON FOR WHICH MONTH DEFINITION OFFICE.	DEATH BUT H OPERATIO  DAY YEAR 19 FARM, ETC)	21c. HOW INJURY  21f. LOCATION STREET  15 nd that in this (our)  DEGREE  ATTEN PHYS  22e ADDRESS  5404 EA	OCCURRED OPINION OF THE PROPERTY OF THE PROPER	200 AUTOPS YES N D (ENTER NATURE C  , to  BOTH OCCURRED DIRECTOR	Y? 20b. IN C	IF YES, WIFE THE YES THE MENT OF THE YES THE Y	ERE FINDING CAUSES  ORPART 2)  COUNTY	NGS US 6 OF DEA NO
29	WEDICAL 230 8	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19e DATE OF OPERATION  21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETHER NOTIFY MEDICAL EXAMINI)  21d. IN JURY OCCURRED  22d. PHYSICIAN'S NAME (1)	DUE TO, OR A CONDITIONS CONDITION	AS A CONSEQUENT RIBUTING TO ON FOR WHICH ON FOR WHICH INJURY T FACTORY, OFFICE, Deceased from 19 19 11 11 11 11 11 11 11 11 11 11 11	DEATH BUT H OPERATIO  DAY YEAR 19 FARM, ETC)  NAME OF C	21c. HOW INJURY 21f. LOCATION STREET  19 nd that incomy (our) DEGREE  ATTEN PHYS  22e ADDRESS	OCCURRED OPINION OF THE PROPERTY OF THE PROPER	200 AUTOPS YES N D (ENTER NATURE C  , to  BOTH OCCURRED DIRECTOR	Y? 20b. IN CO INJURY IN ITE ITY OR TOWN  STAFF PHYSICIAN [	IF YES, WIERTIFYING YES	ERE FINDING CAUSES  ORPART 2)  COUNTY	that (I)

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White Vistory St. 1 20 No.	follow 2 mich		-576	
	15.71			
	7.5.7.			
	7.5.7.			
	1.5.7 1.5.7			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOLIR

126. KIND OF BUSINESS OR

TNSUEANCE

LAST

---

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

YES [

COUNTY

COUNTY

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR

22c. DATE SIGNED

STATE

STATE

DHMH-16 30M 2/80 (VRA 15, 4)

- STATE

REGISTRAR

24. FUNERAUDIRECTOR

8r rs 88-11 72 E. Santa TESTS THE THIRD STEEL IN THE STATE OF THE ST I PARAMETER OF STREET

A'3/93 CAMPANS NO BALLS C BALLO. CENERG.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2a. DATE OF DEATH YEAR 2b. HOUR 183 A. THOMPSON 10:48A M IF UNDER I YEAR IF UNDER 24 HRS 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR Black 8 9 09 73 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE COUNTY. U.S.A. DIVORCED [ WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY GREATER BALTO. MED. CENTER SUAL RESIDENCE (IF NURSING HOME IN OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

30. STATE

131. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore 1135 N. Monroe St. 21217 NO 15. MOTHER'S MAIDEN NAME LAST MIDDLE FIRST Armstrong Thompson Rosa ADDRESS 166 SOCIAL SECURITY NO. 17. INFORMANT (IF YES, GIVE WAR OR DATES) 215-05-8475 Mary E. Thompson 1135 N. Monroe St.

PART I. DEATH WAS CAUSEI	ELECTROMECHANICAL DISSOCIATION	
Conditions, if any, which	DUE TO, OR THE ENERGY WALL MYOCARDIAL INFARCTION	
gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	

NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from

sow the deceased alive on_

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21e. PLACE OF INJURY

21b. TIME OF INJURY

HOUR A.M.

21f. LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

83

MONTH DAY YEAR

and that in (my) (our) apinion death occurred on the date and hour and fram the causes stated

PHYSICIAN

CITY OR TOWN

NOIX

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

STATE

NO [

YES T

IN CERTIFYING CAUSES OF DEATH?

COUNTY

22c. DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OF PRINT) JONATHAN DISSIN, M.D.

above, (I) (we) (did) (did nat) view the body after death

22e ADDRESS

DEGREE

MD

GBMC - 6701

MEDICAL

N. CHARLES ST. 21204

23a. BURIAL, CREMATION, REMOVAL SPEBURIAL BP.

24 FUNERAL DIRECTOR

FOR

- STATE

TYPE OR PRINTI

REGISTRAR

Male

James

MOSES

4. RACE

MIDDLE

DECEASED NAME

23b. DATE 2/19/83 236. NAME OF CEMETERY OR CREMATORY King Memorial Pk.

23d LOCATION GBaltimore

DIRECTOR PHYSICIAN

COUNTY O

Md.

DHMH - 16 50M 4/B2 (VRA 15, 4)

ADDRESS Wm.C.March F/H Inc. 1101 E. North Avenue

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	FOR				
*	- STATE REGISTRAR	DEPAK	CERTIFICATE OF DEATH	REG. NO.	
	PECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH _ DA	20 110011
	ETI	HEL D. T	OGNOCCHI	February 1, 198	83 7:30 _M
3. S	EX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF	FUNDER I YEAR IF UNDER 24 HRS
	Female	White	Aug. 25, 1913	69 YRS.	
S 15 79	COUNTRY)	76. CITIZEN OF WHAT COUNTRY	? 8 MARRIED □ NEVER MARRIED □	9. BALTIMORE CITY OR COUNTY C	OF DEATH
100	Maryland	USA	WIDOWED X DIVORCED	Baltimore Co	
Po Co	Cockeysville	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE 315 Wickersh		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Secretary	126. KIND OF BUSINESS OR INDUSTRY  Cox Kitchen
130	UAL RESIDENCE (IF NURSING HOME . STATE 134 CO		WN 13d. INSIDE CITY LIMITS?	136. STREET ADDRESS 914 E. 37th S	
	Maryland	Baltin	15. MOTHER'S MAIDEN N		. 21210
2	FIRST	Mariot	FIRST	MIDDLE	LAST
0 160	Adolph WAS DECEASED EVER IN U.S. A			ADDRESS	rra
di Z		GIVE WAR OR DATES) 216 10		Tognocchi, Cock	ceverville NAF
-		only one cause per line for (a), (b), o		Togriocent, cock	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
er troumatic	Conditions, if ony, which gave rise ta immediate couse (o), stating the	DUE TO, OR AS A CONSEON  (b)  DUE TO, OR AS A CONSEON			
y, or other	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEON  (b)  DUE TO, OR AS A CONSEON  (c)  T CONDITIONS CONTRIBUTING TO		20a AUTOPSY? 20b. IF YES, IN CERTIFY!	WERE FINDINGS USED ING CAUSES OF DEATH?
ows ony injury, or other	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEON  (b)  DUE TO, OR AS A CONSEON  (c)  T CONDITIONS CONTRIBUTING TO  196. CONDITION FOR WHICE	DENCE OF  DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY! YES NOTE: YES	WERE FINDINGS USED ING CAUSES OF DEATH?
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Service on the service of the servic	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIBUTION OF CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CAUSE OF	DUE TO, OR AS A CONSEON  (b)  DUE TO, OR AS A CONSEON  (c)  T CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICH  P.M.  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)  and 19 not) view the body after death.	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  THE PROPERTY OF THE TERM DAY YEAR 19 211. LOCATION STREET  DEGREE ATTENDING PHYSICIAN	200 AUTOPSY?  200. IF YES, IN CERTIFY!  YES NOW YES  RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR  CITY OR TOWN  10 deoth occurred on the date and haur of th	WERE FIND INGS USED ING CAUSES OF DEATH? NO NO COUNTY STATE
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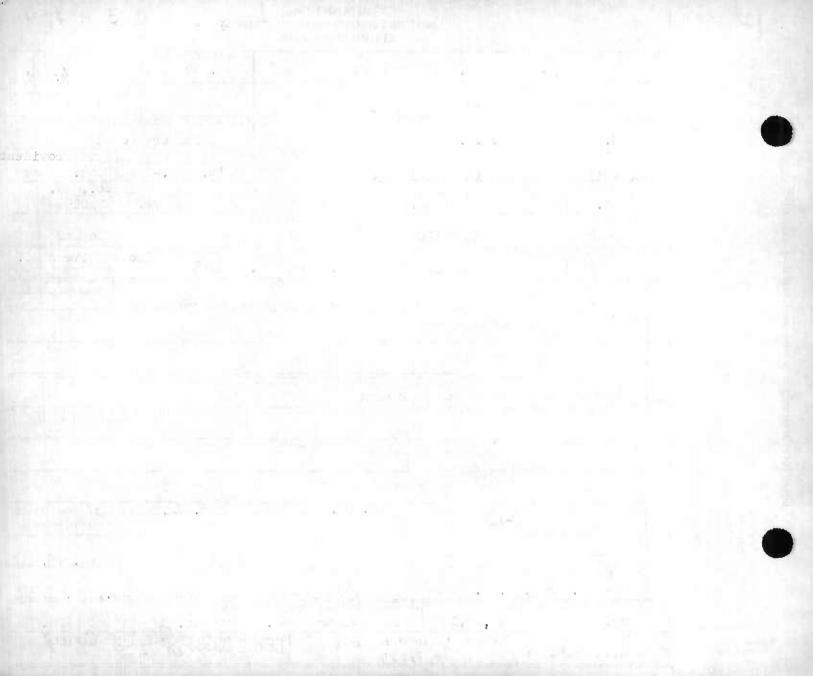
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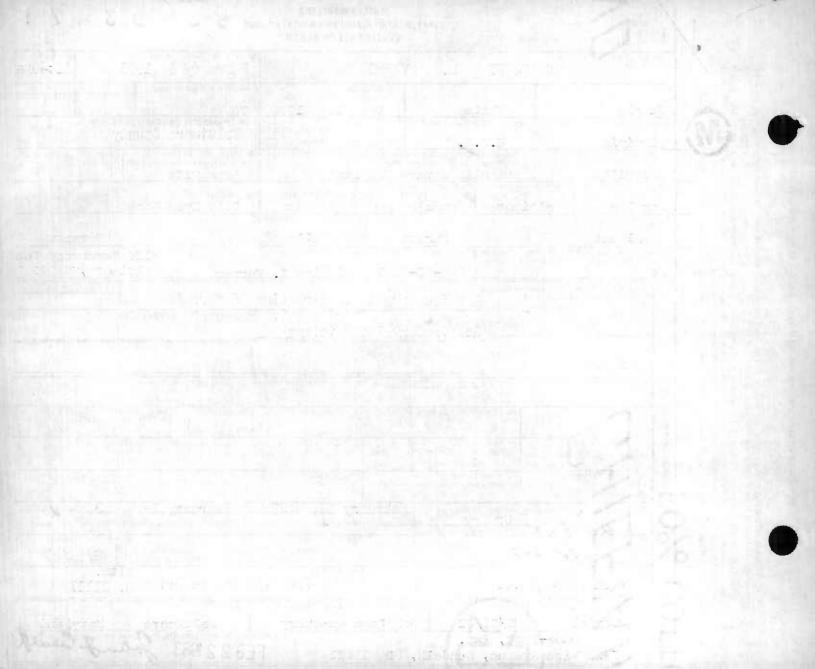
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENF



STATE OF MARYLAND



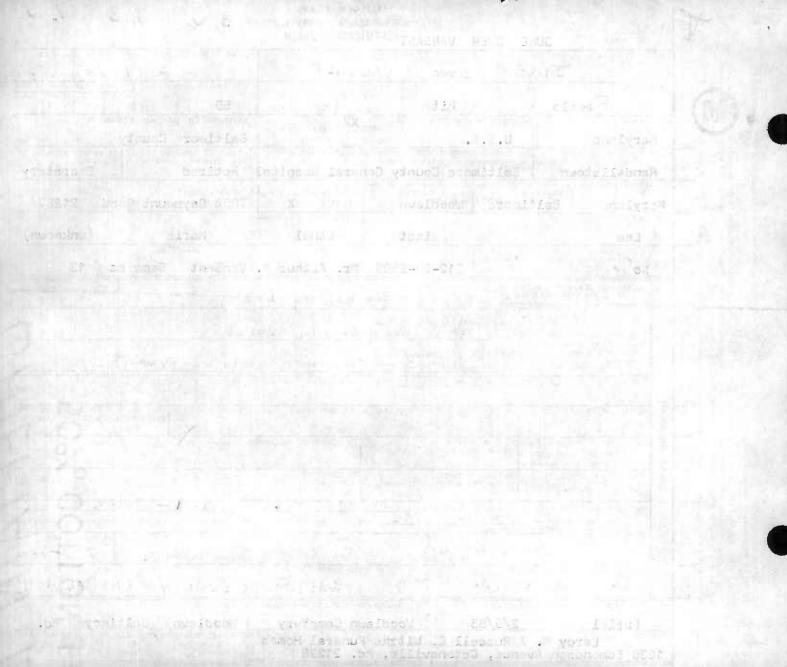
6 6	1	FOR - STATE REGISTRAR		DEPARTA		3 4	7 2		
		CEASED NAME FIRS	ARLES	MIDDLE	ı	AST AST	REG. NO.	V 22	B. HOUR
moy be page er deat	3. SE		4. RACE	UNI	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF	UNDER 24 HRS
7		Male		White	Aug		87 YRS.	MONTHS DAYS H	IOURS MIN,
od. W	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Norway		76. CITIZEN OF WHAT COUNTRY? 8. MARRIEI WIDOWE		D NEVER MARRIED	9. BALTIMORE CITY <u>OR</u> COUNT Baltimore C		MD.	
offer d		Parkville	PERRI	CHEACILITY, GIVE STREET	ADDRESS)	NOTHER INSTITUTION	120. USUAL OCCUPATION LTYPE OF WORK FOR MOST OF WORKING L Ret. Standard		USINESS OR
filled in could be family to the family of the family to the family of t			ME OR OTHER INSTITUTION COUNTY Saltimore	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Parkvi		13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS 5611 Laurelton	Ave. 212	214
ompletely ond 2 sh	14 F.	ATHER'S NAME FIRST Herman	N.	Ulrick	son	15. MOTHER'S MAIDEN NA/ FIRST Tobine	MIDDLE	Known	
be execut on and co		WAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES. GIVE WAR OR DATES)	214-01-4		Philip Spies	ADDRESS 5613 Laurelto		1214 TE INTERVAL SET AND DEATH
in.  In the death of the death of the death of the other dispermit. Then please remove cortine prior to burio!, cremotion, or we any injury, or other troumofic.	CERTIFICATION	Conditions, if ony, white gove rise to immediate couse [D], stating the underlying couse loss PART 2. OTHER SIGNIFICATION DATE OF THE CONTROL OF T	ant conditions c	adu	DEATH BUIL	BOY MAN PERFORMED	INGERTI	S, WERE FINDING	S USED F DEATH? NO
PHYSKIAN. The ending physicio this certificate he burial-transit and Mental Hygie d or Item 18 sha	MEDICAL CERT	21g. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX- 21d. INJURY OCCURRED  WHILE NOT WATER AT WORK	OF DEATH HOUR A MINER) P  216. PLACE (AT HOME ST	.M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE P	19	216. HOW INJURY OCCURE 216. LOCATION STREET	RED GENTER MATURE OF INJURY IN ITEM 18	PART I OR PART 2)  COUNTY	STATE
O HOSPITAL OR ATTENDING etoined by the hospital or off TO FUNERAL DIRECTOR. After should be detroched for use as it with the State Dept. of Health o MPORTANT: if them 21 is marken		278-1 certify that (I) (the sow the deceased of above, (II) (we) (did to 278-3) (NATURE OF ANY SICIAN'S NAME (NATURE OF ANY SICIAN'S	V /h	19	0	DEGREE ATTENDING PHYSICIAN T22e ADDRESS	death occurred on the date and ha		
Shoot of shoot		BURIAL, CREMATION, REMO	OVAL 236. DATE	23c N	NAME OF C	EMETERY OR CRÉMATORY	23d. LOCATION CITY OR TOWN	COUNTY	
BP		(SPECIFY) Burial	Feb 1	0 1983 0	ak La	wn Cemetery	Baltimore	Marylar	ad
DHMH - 16 50M 4/B2 (VRA 15, 4)	24. F	Leonard J.	Ruck, Inc	. Baltim	ore,	Maryland FEB	E REC'D. BY REGISTRAR (SY REGIS	TRAR SIC ATUR	uf

Wille Aug. 29, 1896 existing the real section of the sec x | 11 Learn ton Lye. 1721. affirmed | erocktion Lucivies II. Ulricks a barries . 27------ List Spies - 6015 Imurelton Ave. 21214 Builded Fee to Pets Cak Larm Cangetory Daltharra Marie Marie and leonard .. Huck, Inc. Partinore. Seviend VS: 2152

1630 Edmondson Avanue. Catonsville, Md. 21228

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

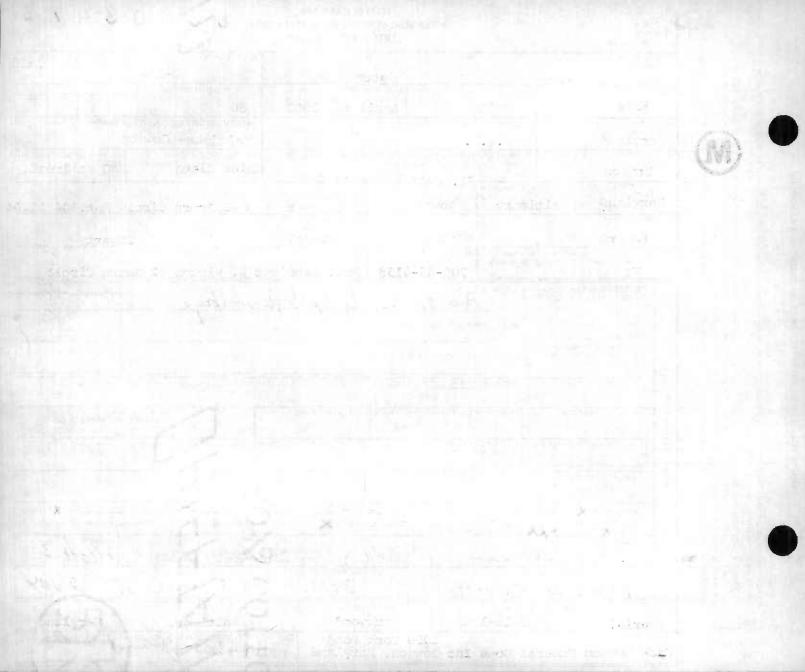


DIVISION OF VITAL RECORDS,

Fercals white Aug. 12 1922 | 60 included in a distance of the section of the sectio . The sect of the section of the sec Introduction 250 xx (SSES xate) enorities basignation Intill elimit inthone Enders Als 18 8583 Louis Vania, Husband Same a/25/25 Holly Hill vertal tarvas military Co., Md. 

(VRA 15, 4)

STATE OF MARYLAND



moy be

completely filled in I.y. II

injury, ar other traumatic

should be detached far use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, or TO FUNERAL DIRECTOR: After this certificate hos been

IMPORTANT: If Item 21 is morked or Item 18

STATE OF MARYLAND

- Annual Control of the Control of t				SIMIL	OF MAKILA	UND	25 /	19	7	7 6
FOR STATE REGISTRAR			DEPART		CATE OF D		REG. N	10.	S 4	
1 DECEASED NAME	FIRST	1	MIDDLE	LA	ST		2a DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
(THE OR PRINT)	JOHN	I I	1. V	IZZINI		,		2 12	- 83	9.200
3 SEX		4 RACE		5. DATE O			6 AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS
MALE		WHIT	EE	06	21	1891	91		NIHS DATS	HOURS MIN
TO BIRTHPLACE (STATE OF COUNTRY)	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED	□ NEVER A	AARRIED	9. BALT IMORE CITY OF			
CATONSVIL		11. NAME OF E	HOSPITAL, NURSIN H FACILITY, GIVE STREET		R OTHER INST		12d USUAL OCCUPAT (TYPE OF WORK FOR MOST) SALESMAN	ION OF WORKING LIFE)	12b. KIND C	OF BUSINESS O
USUAL RESIDENCE (IF NO 130 STATE MARYLAND	136 COU		136. CITY OR TOW	'N I	13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS 19 OELLA	AVENUE	, 2122	28
FATHER'S NAME FIRST  ANTHO	NY	MIDDLE	VILLAGI VIZZINI			MAIDEN NA FIRST NCETTA	ME MIDDLE		RA IMO	
160 WAS DECEASED EVE (YES, NO OR UNKNOWN)		RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU 212-14-		JOHN	NI RAND B. VIZ	ALLSTOWNADDR ZINI 28 CC	ESS MAR' DACHMAN	YLAND COURT	
18 CAUSE OF DEA PART I. DEATH	WASCAUSE		line for (a), (b), and	1	SDIYO	itory	Arr	es 7.	BETWEEN	IMATE INTERVAL ONSET AND DEATH
Canditions, if or		DUE TO, OI	Brain		1	roke			1	29-83
cause (a), sta	ting the	DUE TO, OI	Seve ?		A.S.	e.V.	).			
PART 2 OTHER SIGNAL PROPERTY OF OPER SIGNAL PROPERTY OPER SIGNAL PROPERTY OF O			TION FOR WHICH				200 AUTOPSY?	20b. IF YES, V	WERE FINDIN	

TEICAT	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
CAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)
MEDIC	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
	220.1 certify that (I) (this hospital)	attended the deceosed from	, 19_72	to Jah	29 , 19_83 , that (1) (we) lo

saw the deceased olive on_ ond that in (my) (aur) apinian death occurred an the date and hour and fram the causes stated above, (I) (we) (did) (did not) yew the body ofter death 22b. SIGNATU DEGREE 22c. DATE SIGNED

ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN 2/13/83 22e. ADDRESS

230 BURIAL, CREMATION, REMOVAL 236. DATE

23c. NAME OF CEMETERY OR CREMATORY CEDAR HILL

23d. LOCATION
CITY OF TOWN
BROOKLYN PK

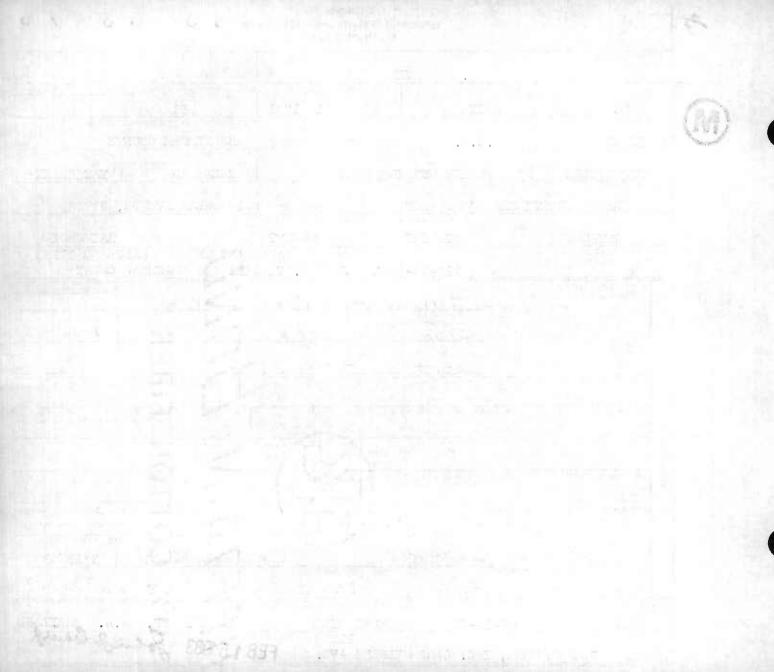
BURIAL 24 FUNERAL DIRECTOR

21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

02-15-83

DHMH - 16 50M 1/81 (VRA 15, 4)

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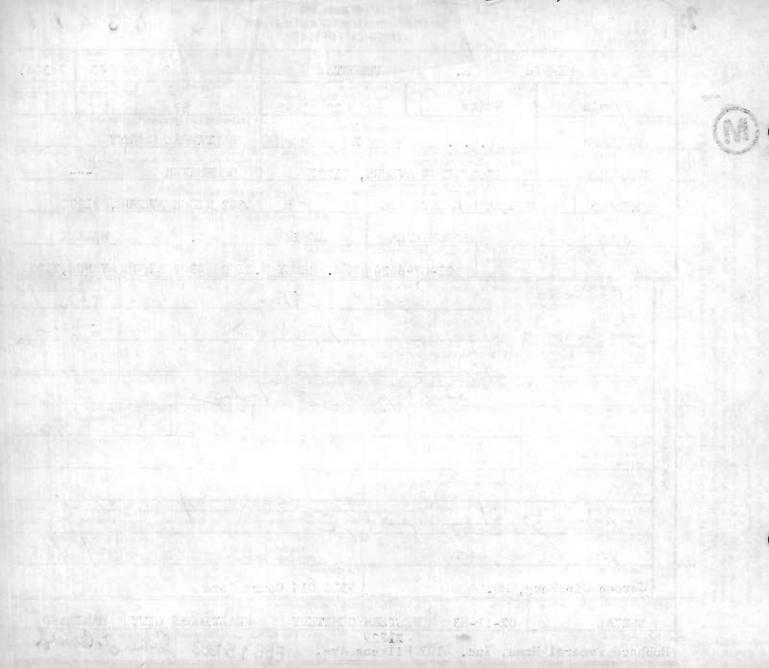
3		FOR STATE REGISTRAR CEASED NAME	FIRST		DEP	ARTMENT	STATE OF A	H AND M	NENTAL HYG	IENE &	S REG. NO.	ONTH	3	YEAR	7 2b HOUE	7
		OR PRINT)	MINNI		M.		VONOI	RTAS	Dec 1	20. DATE OF			9	83	7:3	
	3. SE	x Female	Was I	RACE Whi	te	5. D	ATE OF BIR	DAY	YEAR 1005	6. AGE (INY	F 119		IF UND	ER I YEAR	IF UNDER 2	/*
		RTHPLACE   STATE OF	R FOREIGN 7	b. CITIZEN OF		VTRY? 8.	O2	28	1895	9. BALTIMO	87 RE CITY OR	COUNT	Y OF DI	EATH		
5		MARYLAND  ITY OR TOWN OF DE		IF NOT IN SUC	S.A. HOSPITAL, NI HEACILITY, GIVE 2 RIDG	WII URSING HO STREET ADDRE	DOWED X	DIV HER INST	ORCED	12a USUAL C		N WORKING L	12b	KINDO	F BUSINES	MD SS OR
35	13a. S	AL RESIDENCE (IF NUE STATE  MARYLAND  ATHER'S NAME FIRST  JOHN	13b COUN'	THER INSTITUTION, TY  FIMORE	GIVE RESIDENCE	E BEFORE ADMI	E YES	NSIDE CIT		13e. STREET A	ADDRESS RIDGE MIDDLE E.	AVEI	W	212 WELI	1	
1		VAS DECEASED EVE YES, NO OR UNKNOWN) NO		NED FORCES? WAR OR DATES)	166 SOCIAL 221-	SECURITY 07-68		RS. H	ENRY N	.KING	4302				E,21	
	NOI	Conditions, if any gove rise to im couse (a), state underlying caus	OF OF BUT NOT	A RELATED	S C V	INAL DIL ASE	OR COND	ITION GI	VEN IN	PART ICE	yen	2				
7	CERTIFICATI	19a DATE OF OPERA			TION FOR W	HICH OPE	96			20s AUTO	поП	IN CERTI	FYING ES 🗌	CAUSES	OF DEAT	H?
1	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER: NOTIFY MEDICAL EXAMINER)  21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.  21c. PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFICE, FARM. E						LOCATIO STREET	iury occurr N	ED (ENTER NA	CITY OR TOW			PART 2)	ST	TATE
		22d. I certify the (1 sow the deceadove, (1) (xe); 22b. SIGNATURE	sed olive on did (did no	view the body	1	from	DEGRI	EE A1	our) opinion of	MEDICAL	STAFF			from the	1	re) lost ted
		Jerome G	insber	g, MD.	4 5		5:	310	old Cou	rt Roa	d					
•		BURIAL, CREMATION  SPECIFY  BURIAL	, REMOVAL	73b. DATE 02-14	<b>⊢</b> 83		OF CEMETI			23d. LOCA CITY ( BALT	TION ORTOWN IMORE	CITY	COUN	MARY	LAND	ATE

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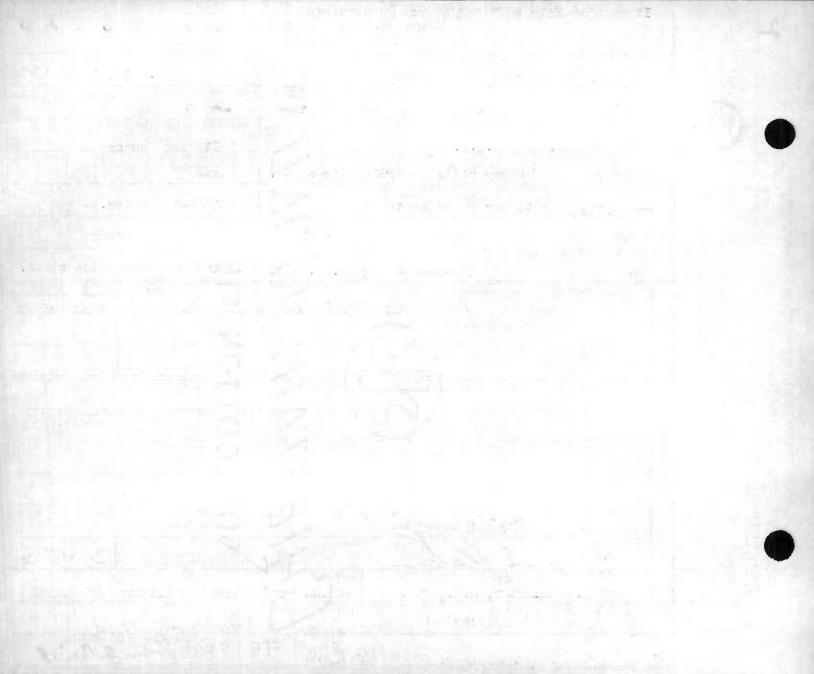
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MPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, th should be detoched for use os the buriol-tronsit permit. Then please remove corbonpope with the State Dept. of Heolth and Mentol Hygiene prior to buriol, cremotion, or removal

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.



	1. DE	REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. No.	
m #	[TYPE	(Sister) Mary C	eraldine Wagn	man	F	eb. 10, 1983 10:5
A	3. SE		4 RACE White	5. DATE OF BIRTH 1883	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.  YRS.
M/3		RTHPLACE (STATE OR FOREIGN COUNTRY)  Red Lion Pa	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED XX WIDOWED DIVORCED	4	R COUNTY OF DEATH CE County M
by the filled inchiled		altimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET Mercy Villa	ADDRESS Bellona Ave.	12a USUAL OCCUPATI	ON 17b, KIND OF BUSINESS OR F WORKING LIFE) INDUSTRY
filled in nould be	13a. S Me	rcy Villa Bal	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 136. CITY OR TOW Ltimore Baltin	more   13d INSIDE CITY LIMITS?		llona Ave 2/2/2
ond 2 sl	14 FA	THER'S NAME  John	MIDDLE Wagman	15. MOTHER'S MAIDEN NA. Amanda	WE	Carr LAST
Poges 1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166. SOCIAL SECU VE WAR OR DATES) 218-54-2		addre ne Costello	6806 Bellona Ave.
4) E P						
strait. Then please remove to prior to burial, cremation s ony injury, or other trour	ICATION	Conditions, if ony, which gove rise to immediate cause (al., stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT		ENCE OF  DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED	VINAL DISEASE OR CON	20b. IF YES, WERE FINDINGS USED
permit. Then see prior to but was ony injury.	ERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
permit. Then the prior to but one one prior to but ows ony injury.	DICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21c. PLACE OF INJURY	DEATH BUT NOT RELATED TO THE TERM  I OPERATION WAS PERFORMED  AY YEAR  19  211. LOCATION	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUI	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO PART 1 OR PART 2)
icate hos been sign fronsit permit. Then I Hygiene prior to bu 18 shows ony injury.	MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT (19a. DATE OF OPERATION (19a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED (19a. NOT WHILE AT WORK)	(c)CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	AY YEAR  19 211. LOCATION STREET	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUI	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES   NO
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

FOR STATE

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	2	REGISTRAR				CERTII	ICATE OF	DEATH	REG. N	0.			
		CEASED NAME	FIRST	,	MIDDLE	l	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
		E OR PRINT)	John		Martin		LKER		February 2		983	9:25P M	
	3. SE			4. RACE		S. DATE C		YEAR	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS	
		Male		Whi	te	11 5 28			54 YRS.			MOUNS MIN.	
L	7a Bl	IRTHPLACE (STATE O	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	X NEVED	MARRIED -	9 BALTIMORE CITY C	R COUNT			
70	N	orth Caro		U.S.		WIDOWE	D D	NORCED [	Baltimore		ty,	MD.	
-17	10 C	ITY OR TOWN OF D	EATH		HOSPITAL, NURSIN		OR OTHER INS	TITUTION	12a USUAL OCCUPAT		RKING LIFE) 126. KIND OF BUSINESS OR		
)/		ssex		Frankl:	ranklin Square Hosp.						County	Public	
35	13a. S	ALRESIDENCE (# NI STATE aryland	136 COUN		13c CITY OR TOW Dundalk	/N	13d. INSIDE	NO K	13e. STREET ADDRESS 7949 E. B	altin	nore St	21224	
-7.		ATHER'S NAME					15. MOTHER	S MAIDEN NA	ME				
50		David		MIDDLE	Walke	r	Т.	ane	WIDDLE			Burton	
1	Ióa V	VAS DECEASED EVE			16b. SOCIAL SECU		17. INFORM		ADDRE	SS		1224	
	()	NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	245-40-1	310	Glady	s G. Wa	1ker 7949 E	. Ba			
		18 CAUSE OF DEA	TH (Enter on	ly one couse per	line for (a), (b), an	id (c).)					APPRO	XIMATE INTERVAL LONSET AND DEATH	
		PART I. DE ATH	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiopulmonary Arrest										
- 1		Conditions, if ony, which ( (b) Metastatic Cancer of the Neck											
		gove rise to immediate											
		cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF											
- 4	- 3	PART 2 OTHER SIG	GNIFICANTO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATE	TO THE TERM	INAL DISEASE OR CON	DITION G	VEN IN PART 1	101	
	NO.												
-	ATI	190 DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	DRMED	20a AUTOPSY?		ES, WERE FIND		
La	CERTIFICATION								YES TO NOTY		IFYING CAUSE	S OF DEATH?	
0	CER	21a. ACCIDENT WAS U	INDERLYING	216. TIME O			21c. HOW II	NJURY OCCURR	RED (ENTER NATURE OF INJU				
1		OR CONTRIBUTING		in .	M. MONTH D.	AY YEAR							
	EDICAL	21d. INJURY OCCU		21e. PLACE (		19	211. LOCATI	ON					
	ME	WHILE NOT	WHILE		EET, FACTORY, OFFICE, P	ARM, ETC )	STREE		CITY OF TO	WN	COUNTY	STATE	
		220.1 certify that		ntended the	decensed from	Febru	ary 1	19. 83	to Februar	v 27	19.83	th XX (wa) last	
_		saw the decea	sed olive on.	Februar					deoth occurred on the d			e couses stated	
		228 SIGNATURE	(did) (did)	) view the body	offer death		DEGREE					E SIGNED	
			all	ortkel	n im			ATTENDING PHYSICIAN	MEDICAL STA		37:	tel-83	
4		22d. PHYSICIAN'S	NAME (TYPE O	R PRINT)			22e ADDRE	SS					
1	4	Albe	rt Lee	, M.D.			9000	Frankli	n Square Dr	ive	21237		
		BURIAL, CREMATIO	N, REMOVAL	23b. DATE	236	NAME OF C		CREMATORY	23d. LOCATION				
		(SPECIFY) Crem	ation	3/1/83	3 Lo	udon	Park C	remator	y Baltimor	e	COUNTY	Mary land	
,	24 FL	UNERAL DIRECTOR				212	29	254 RAT	REC'D. BY REGISTRAR	269 REGIS	TRAR'S SIGNA	TURE	
	Hul	bbard Fun	eral H	ome, Ind	e. 4107 W			MAR	2 1983	John	- La	heel	

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be root TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

the second countries of the countries of the second co 28 THE eventson . Heart 22 sinish state in the late. make the second the same second file in the first the first in the same of the color at Management of the Agent States of the Agent and Agent and Agent States of the Agent St Cabour sungral south and all fillings by a contract the contract of the contra

	FOR STATE REGISTRAR		DEPARTN	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	rgiene 👸 🕉	0 3	4.8
	DECEASED NAME TYPE OR PRINT)	FIRST KATHL	EEN WALKER	WAlker	20. DATE OF DEATH	2/10/83	26 HOUR 3:40P
	FEMALE		White	5. DATE OF BIRTH  MONTH DAY  PEB. 28, 19 19	6. AGE (IN YEARS LAST BI		YEAR IF UNDER 24 HRS
	COUNTRY) ASh to	DR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTO.		r <b>H</b>
of the do	TOWSON	/	(IF NOT IN SUCH FACILITY, GIVE STREET A	S ST GRMC	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST)	OF WORKING LIFE) INDUS	ND OF BUSINESS OF
35	MATTY PARCE (# N		THER INSTITUTION, GIVE RESIDENCE BEFORE Y  13c. CITY OR TOWN TO LEST HE		130. STREET ADDRESS		21050
Oscopine de la companya de la compan	FATHER'S NAME	) DAG	DOLE CONNElly	15. MOTHER'S MAIDEN P	WIDDIE	Ke	LAST HNEY
2 16	(YES, NO OR UNKNOWN)		PED FORCES? 16b. SOCIAL SECU	RITY NO. 17. INFORMAN Husban	WAIKET, Jr. 1	ESS UN3 Robe D	d
iol, cremotion, or removol. or other troumotic event, th	Conditions, if or gove rise to cause (o), ste underlying co	MAS CAUSED IMMEDIATE  ny, which mmediate titing the use lost.	DUE TO, OR AS A CONSEQUE  (b) CANCER C  DUE TO, OR AS A CONSEQUE  (c)	FORY FAILURE  ENCE OF  LUNGS  ENCE OF			PPROXIMATE INTERVAL WEEN ONSET AND DEATH
ene prior to bu	19a. DATE OF OPE			DEATH BUT NOT RELATED TO THE TEL	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA	INDINGS USED
= -(1)	OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	AY YEAR 19 216 LOCATION STREET	JRRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR PA	RT 2}
Heolth 1 is mor	22a I certify that		1) ottended the deceased from _ FEB 10 19	83, and that in (my) (our) opinion	n deoth occurred on the d	10	that (I) (we) los

BP.

(VRA 15, 4)

DHMH - 16 50M 4/82

230. BURIAL, CREMATION, REMOVAL BUNAL

merville freto

GOLD

226. SIGNATURE

DR K.

saw the deceased alive on FEB 10 above, (1) (we) (did) (did not) view the body after death.

23b. DATE FEB. 14, 1983 23c. NAME OF CEMETERY OR CREMATORY St. Iquatius Cath. Ch. CEM.

Wi Broadway & Williams St.

BEI Air, Maryland 21014

DEGREE

22e ADDRESS

**GBMC** 

ATTENDING PHYSICIAN

23d. LOCATION

MEDICAL DIRECTOR

STAFF

PHYSICIAN [

250 DATE REC'D

Capiela

22c. DATE SIGNED

Feb. 10, 1983

KATHLEEN WYLKER 2010/65 3:400 SALTO. COUNTY 6701 N CHARLES ST GENC MOSWOT the control of a sect of a sequence of a control of a control of PESPIRATORY FAILURE CANCER OF LUNCS GBMC OF K. GOLD TERM THE WORLD WINDOWS TO SEE WHEN THE CONTRACT

Burgee Funeral Home, Baltimore, Maryland

(VRA 15, 4)

STATE OF MARYLAND

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THOM

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STATE OF MARYLAND

1 - STATE REGISTRAR	DEF	CERTIFICATE OF DEATH	REG. NO.
1. DECEASED NAME FIRST	T MIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26. HOUR
Ethe	H.	Walters	February 14 1983 11:30 ^A
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	Feb. 7, 1914	69 YRS MONTHS DAYS HOURS MIN.
To BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN		9 BALTIMORE CITY OR COUNTY OF DEATH
Md.	U.S.A.	WIDOWED DIVORCED	Baltimore County MD.
10 CITY OR TOWN OF DEATH		URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR
Perry Hall	4311 Chape	1 Road	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker
130 STATE 136 C	ME OR OTHER INSTITUTION GIVE RESIDENCE		
	Balto. Perr	y Hall YES NOX	4311 Chapel Rd. 21128
14 FATHER'S NAME	MIDDLE LAS	15 MOTHER'S MAIDEN I	
Robert		loyd Nora	Montgomery
160 WAS DECEASED EVER IN U.S	S. ARMED FORCES? 16b SOCIAL	SECURITY NO. 17. INFORMANT	ADDRESS
no		2-8190 Robert Wa	alters Sr. (same address)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONS  (c)  NT CONDITIONS CONTRIBUTING  CEPD		RMINAL DISEASE OR CONDITION GIVEN IN PART I (a)  1 200 AUTOPSY? 1 206 IF YES, WERE FINDINGS USED
TIES			IN CERTIFYING CAUSES OF DEATH?
TO THE STATE OF TH	DE DEATH HOUR A.M. MONTH	19 19 19 12H LOCATION	URRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  CITY OR TOWN COUNTY STATE
22a.l certify that (1) (this h	aspital) attended the deceased f	ram	, ta, that (I) (we) last
saw the deceased alw abave, (I) (we) (did (di	d nat) view the bady after death.	, and that in (my) (aur) apinic	on death occurred on the date and hour and fram the causes stated
22b. SIGNATURE	igno mo	DEGREE ATTENDING PHYSICIAN	AAEDICAL STAFF DIRECTOR PHYSICIAN 2/16/83
22d. PHYSICIAN'S NAME (T		22e ADDRESS	7
Dr. Raym	undo Magno	781	l Wise Avenue
230 BURIAL, CREMATION, REMO		23c NAME OF CEMETERY OR CREMATOR Holly Hills	y 23d LOCATION CITY OF TOWN Baltimore COUNTY STATE STA

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT. If Ite

Schimunek Funeral Home, Inc. 9705 Belair Rd., Balto. Md. 21236

FEB 2 2 1982



FOR

1. DECEASED NAME

REGISTRAR

- STATE

(TYPE OR PRINT)

DHAH-16 30M 2/80

(VRA 15, 4)

Gregory Jane H. Wandel, 10319J Malcolm Circle PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X NO [ 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated 22c. DATE SIGNED 2/10/83 DIRECTOR | PHYSICIAN X 6701 N. Charles St., Balto, MD 21204 Burial Balto. Waugh Ch. Cemetery Long Green 2/15/83 24 FUNERAL DIRECTOR Martin D. Lawson, 10 W. Padonia Rd. 21093

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

MONTH

2b. HOUR

17b. KIND OF BUSINESS OR

Retail - Store

INDUSTRY

4:01a M

2n DATE OF DEATH

sors , the later than the rest of the selection of the se and the second s To the planta . TENT , labor / - one Tit 2-ab-c 1 . Marty at " A RESIDENCE OF THE PROPERTY OF ELEAT LEVER, 10 T. BERRY BARRONS TB 1 4 1983 John & Chick

(VRA 15, 4)

STATE OF MARYLAND

12.5. Contracting 1 1 2 real ones, 216.0 Tonic similar and the activity 217-33-7455 | ASALINE A. Washurston, ' Varged Dodge J. S. Laweil Lewise, 10 D. Eudonis Ed.

Law S				STATE OF MARYLAND		0 7 8 9
1	1.	STATE EMILY	IARJORIE WARD	MENT OF HEALTH AND MEN CERTIFICATE OF DEA		0 3 % 9
	1 01	REGISTRAR			REG.	
=		CEASED NAME FIRST	MIDOLE	LAST	20. DATE OF DEATH	
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135	3 SE	X /	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY) IF UNDER I YEAR IF UNDER MONTHS DAYS HOURS
	F	EMALE	WHITE	7 21	99	3 YRS.
TAM)		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARI	9 BALTIMORE CITY	OR COUNTY OF DEATH
TIAIL		MD.	USA	WIDOWED DIVOR		RE COUNTY
	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUT	TION 120 USUAL OCCUPA	ATION 126. KIND OF BUSIN
e []	RA	NDALLSTOWN	OLD COLLET NI	IRAINIG PEN	TER HOUSEW	
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riol, ar at			(c)			
nen p to bu jury,	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 110
	5		10h CONDITION FOR WHICH	HOPERATION WAS PERFORME	100 44700000	20b. IF YES, WERE FINDINGS USE
· 0 2 -	d			1 OPERATION WAS PERFORME	D 200 AUTOPSY?	TAUR IF YES WERE FINISINGS LISE
e priar	FICA	190. DATE OF OPERATION	The Condition Tok Which		The second second second	IN CERTIFYING CAUSES OF DEA
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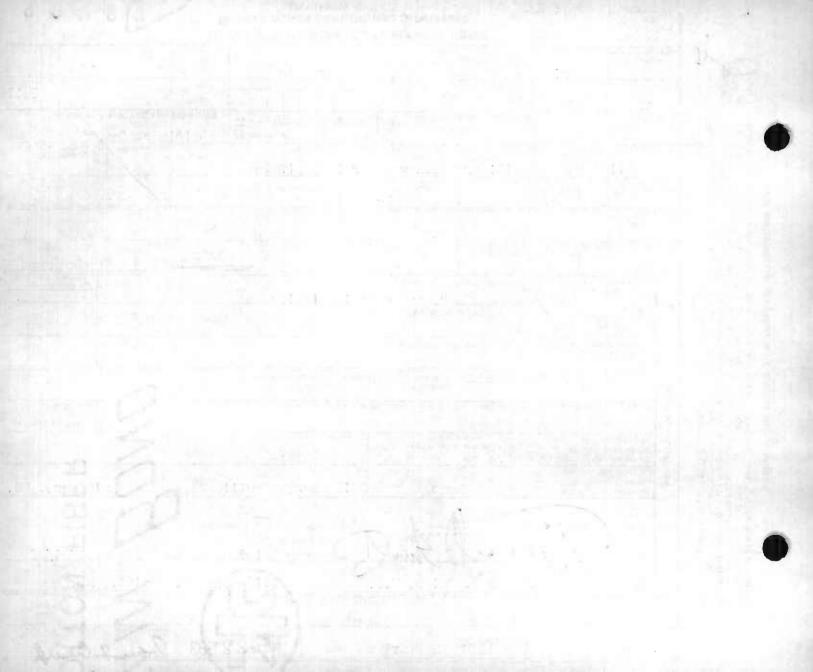
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TO THE RESERVE OF THE STATE OF

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item 17 #G576 2/23/83 STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE KNOWN I. DECEASED NAME MONTH 2h HOUR (TYPE OR PRINT) ESTI-DEATH MATED 2019 83 Eric Ward AGE (IN YEARS 2d HOUR DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) 7:17A PRONOUNCED 9 10 73 DEAD Black 23 Male YRS 20 19 83 70 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) USA MD WIDOWED DIVORCED Baltimore County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12g. USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS. OR INDUSTRY Randallstown Baltimore County General Hospital 21133 136. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a STATE Baltimore Randallstown YES 3719 Marriottsville Rd. MD NO DX 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIGGLE LAST FIRS? Eric Ward Sr. Jeanetta Dixon 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) Dixon Jeanetta D. Ward 3719 Marriottsvil No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) F MEDICAL EXAMINER ALONG WED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, DAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Smoke and soot inhalation DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG CERTIFICATION RDED TO THE CHIEF N SE 3 SHOULD BE USED A E DEPARTMENT OF HEA 01 PRIOR TO BURIAL, C 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO V 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 TO MEDICAL EXAMINER: THIS CERTIFICAT EXECUTE THE CERTIFICATE, WRITING THE PAGE 4 SHOULD BE FORWARDED TO THE TO PUNERAL DIRECTOR: PAGE 3 SHOULD AFTER DEATH, WITH THE STATE DEPARTME BALTIMORE, MARYLAND, 21201 PRIOR TO HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH House fire 21e PLACE OF INJURY 21d INJURY OCCURRED WHILE D NOT WHILE X STREET, FACTORY, FARM, ETC.) 3617 Marriottsville Rd, Baltimore. home Md. 22a Learnity Undetermined monner TITLE (SPECIFY) ACTUAL MDeduty Chiefredical ExamineR SIGNATURE EXAMINER'S NAME Thomas D. Smith. M.D. III Penn St. Balto., MD. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 13c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE COLINTY Baltimore
BY REGISTRAR 1256 REGISTRAR'S SIGNATURE MD Burial 2/25/83 Baltimore Cem BP 25a. DATE REC'D. BY REGISTRAR 24 FUNERAL DIRECTOR **DHMH - 17** FEB 2 2 1983 1101 E. North Ave. Wm. C. March F/H (VR A15 ME (5)) 20M 4/B2



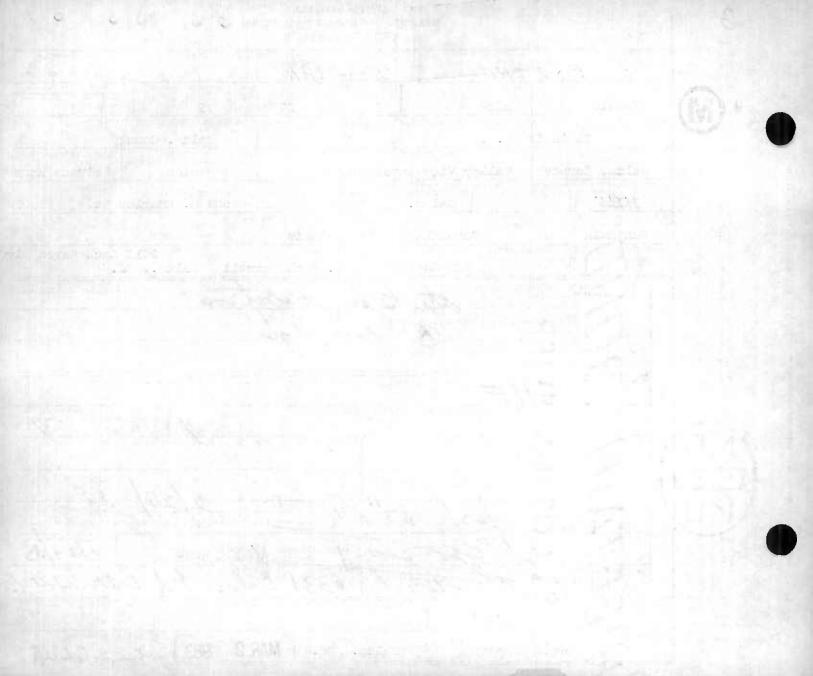
N		FOR - STATE	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	0 3 4 8 /
		REGISTRAR DECEASED NAME FIRST TYPE OR PRINT)	MIDDLE	LAST	REG. NO.	120 110 011
oy be		SEX SEX	Zy Zegina 14. RACE	Verwick  S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD)	
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completely 1 ond 2 s	0 14	FATHER'S NAME  FIRST  Joseph	n Schultz LAST		ane Wilkes	LAST
on ond co	2 16	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECU 2/4-03-0		etta O. Hucke	- 6115 Everall Ave
quires that the death certificate signed by the attending physici hen please remove carbon paper to burial, are other traumotic event, thiury, ar other traumotic event, the		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO	471	MINAL DISEASE OR CONDIT	ION GIVEN IN PART 1(0)
The low re icion.  te hos beer as permit. I giene prior shows ony i	7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		Db. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
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or attending or attending After this c e os the bur alth and Me morked or the		(IF EITHER NOTIFY MEDICAL EXAMINI  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	FARM ETCI	cm of laws	COUNTY STATE
OR ATTENION he haspital DIRECTOR: oched far us Dept. of He		sow the deceased alive a	pitol) ottended the deceased from 19.00.	DEGREE ATTENDING	to STAFF	19 3 that (f) (we) last and hour and from the causes stated  12c DATE SIGNED  2/8/73
TO HOSPITAL etoined by the TO FUNERAL should be detained in the Store IMPORTANT:		THE PHYSICIAN'S NAME	SUYEN	) 22e. ADDRESS 6331	Belair Ke	d Ball Hd 2/20
BP		a BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	Balta	COUNTY STATE
DHMH-16 30M 2/B0 (VRA 15, 4)	2	John Miller	Inc6415 Betair	258 DA	EB 10 1983	Gheld

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filled in rould be f	USU 13a.	AL RESIDENCE (IF NURSING HOM STATE 136 CC	OR OTHER INSTITUTION		ADMISSION)	S?   13e STREET ADDRESS	Rd. Balto.,M	ld.#2
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the death c the attendir emove cork emotion, or er troumatic		Conditions, if ony, which gove rise to immediate couse (o), stating the	b)	R AS A CONSEQUE				
we requires that the death or been signed by the ottendir mit. Then please remove cortains to buriol, cremation, or only injury, or other traumatic.	CATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN	DUE TO, OR  (c)  IT CONDITIONS CO	R AS A CONSEQUE  DITRIBUTING TO D  S CLL LASS  TION FOR WHICH	DEATH BUT NOT RELATED TO THE ACCUPENTY	TERMINAL DISEASE OR COND	206. IF YES, WERE FINDING	5 USED
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page 3		CEASED NAME FIRST BER	THA	DLE	W	EGMAN	20. DATE OF	DEATH MONTH		EAR 26.	HOUR P M
ge 4 may	3 SE	Female	4. RACE White		5. DATE C		100	EARS LAST BIRTHDAY)	IF UNDER	I YEAR IF	OURS MIN.
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by the filed with		Balto. County	Valley	View Nu	odress)	Home	(TYPE OF WORK	OCCUPATION k for most of work panion	ING LIFE) INDL	STRY	e home
in 24 haur y filled in should be f	130. 5	AL RESIDENCE (IF NURSING HOME COL		ERESIDENCE BEFORE  C. CITY OR TOWN  Balto.		13d. INSIDE CITY LIMITS? YES NO		ADDRESS A N. Cha	rles S	t.	21201
omptetel ond 2 s	14 FA	ATHER'S NAME Benjamin	MIDDLE Sc1	hoonbeck		Minnie	AME	WIDDLE		LAST	
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equires that the death certificate signed by the ottending physics from proper the pieces remove carbon paper to burial, cremotian, or removal.	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS	S A CONSEQUE	NCE OF	ompleye	MINAL DISEASE	E OR CONDITION	I GIVEN IN PA	ART Tro	
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TO HOSPITAL OR , etonned by the ho TO FUNERAL DIRE should be deroched with the Stote Dept I then the Stote Dep		224. SIGNATURE  226. PHYSICIAN'S NAME (TYPE  VIOLENTIAL STATE  (TYPE	15	VIBI	V	ATTENDING PHYSICIAN ADDRESS	MEDICAL DIRECTOR (	STAFF PHYSICIAN		b 2	1206
BP	23a E	BURIAL, CREMATION, REMOVA REMOVA1	2/25/8:		AME OF C	EMETERY OR CREMATORY	CITY	ORTOWN	COUNTY		STATE
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 FI	UNERAL DIRECTOR NAME Anato	my Board	ADDRESS	Balto			1983 Jo	GISTRAR'S SI	Cou	ich



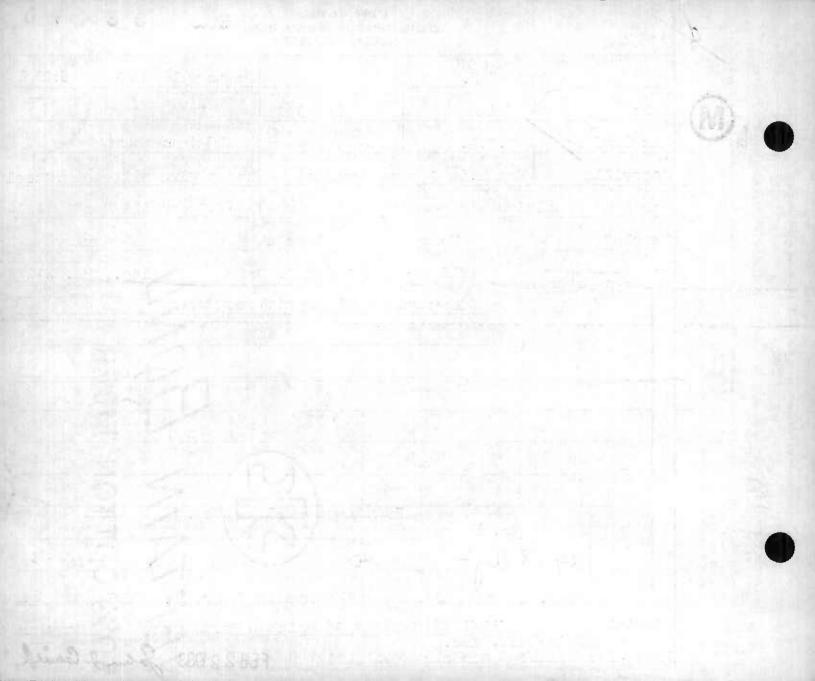
injury, or other troumotic event,

	STATE OF MARTLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE	
REGISTRAR	CERTIFICATE OF DEATH

٠.											REG. NO	).			
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Т	USUAL RESIDEN		13b COUN		GIVE RESIDENCE BEFOR		113d INSIDE	CITY LIMIT	S? 13e	STREET AL	DDRESS				
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J.	FIRS	T		MIDDLE	LAST		15 MOTHE	R'S MAIDEN	NAME		MIDDLE		LAS	1	377
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	No				213-07	-5148	Edi	th C.	We	ir		Bal	to., MI	). 2	1229
	18 CAUSE	OF DEAT	H (Enter on		line for (a), (b), a							4.3	BETWEEN	MATE INTER	DEATH.
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l		e to imi		DUF TO O	R AS A CONSEQU	IENCE OF									
۱	underlyin	g couse	lost.	((c)											
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ı	CERTIFICATION 19 THE CATION 210 ACCIDE									19-2-11					
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١	(IF EITHER	NOTIFY MEDI	CALEXAMINER		M.	19									
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1	3a BURIAL, CRE	MATION.		23b. DATE		NAME OF C				23d LOCAT	ION				
1	Buria.	1		2/18/	/1983 G	arden	s Of	Fait	h	_ ~	timo	re	COUNTY	lary	land
1	4 FUNERAL DIR	ECTORD	uda-I	Ruck, 1									ISTRAR'S SIGNAT		
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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MPORTANT: If Item 21 is morked or Item 18 shows any injury, or other traumatic event, the medical

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	2
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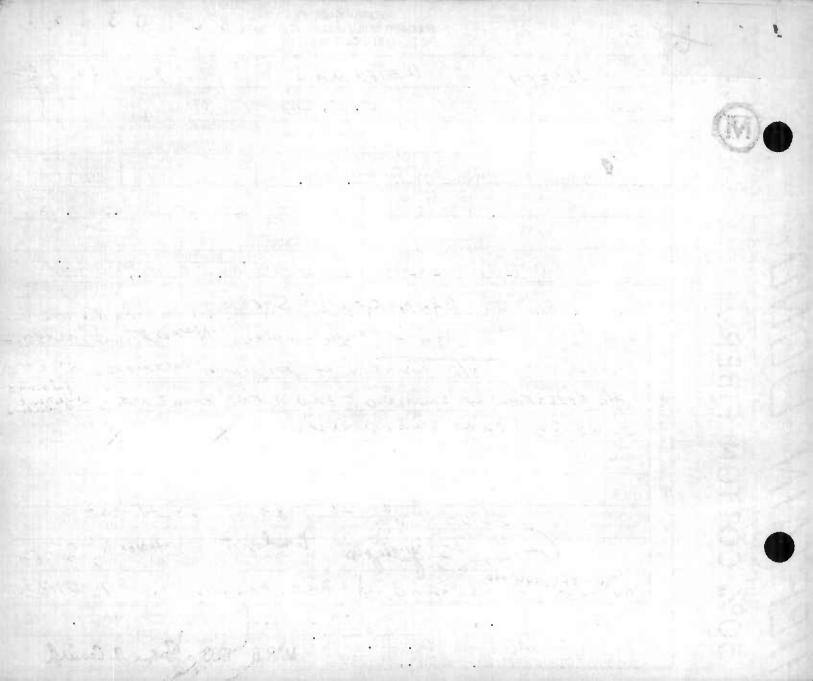
2		REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	(DEIT	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	0.051	JOSET.		0-6-17	ZMAN	α-	2/03 0 DM
	3. SE)	MALE	4. RACE WHITE		OF BIRTH  3. 17', 1915	6 AGE (IN YEARS LAST BIRTHDAY) 67	MONTHS DATS HOURS MIN.
5		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT USA	MARRIE	ED XXIEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
-	10 CI	ITY OR TOWAL OF DEATH	11. NAME OF HOSPI	TAL NURSING HOME	OR OTHER INSTITUTION	BALTIMORE CO	126 KIND OF BUSINESS OR
-		RANDALLSTOWN	(IF NOT IN SUCH FACILI	TY, GIVE STREET ADDRESS]  E_COUNTY GI		(TYPE OF WORK FOR MOST OF WORKING CUTTER	
-		AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RE	SIDENCE BEFORE ADMISSION	113d INSIDE CITY LIMITS?	13e STREET ADDRESS	#21207
F				ALTIMORE	YES NO XX	3514 LANGREHR	RD., APT. 1A
2011	14. FA	ATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN NA	WE	
1		ALEXANDER	WEITZ		REBECCA	WIDDLE	JACOBS
		VAS DECEASED EVER IN U.S. AR/	MED FORCES? 166 S	OCIAL SECURITY NO.	17 INFORMANT MF	RS. LILLTANEWEIT	ZMAN APT. 1A
	1,			2-01-1718	3514 LANGREH	IR RD. BALTO.	, MD 21207
		18. CAUSE OF DEATH (Enter onl	y one couse per line fo	or (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED	E CAUSE (o)	ARDIDG	ENIC SH	eek	
		1533		CONSEQUENCE OF			
		Conditions, if ony, which	(b)	Cute 1	Myo CARDIE	AL INTARE	Town, MASSIVI
		gove rise to immediate cause (a), stating the	DUE TO ODAS	CONSEQUENCE OF			
		underlying couse lost	(c) 5/P	100 SOSTU	on of Terry	DERAPLY PACETU	MACO 20 CHE
1		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIB	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	GIVEN IN PART 110 / WIMCHAS
	O	-/p RESECT	con of	SIGNOID	TO END TO	END YOURS TON	USES Congestion +
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	SIGMON)	ON WAS PERFORMED	20a AUTOPSY? 20b. IF Y	'ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
	RTIF	2-40-89				YES NO	YES NO
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. N	ONTH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19			
	MED	21d INJURY OCCURRED	214 PLACE OF INJ	CIRY TORY, OFFICE, TARM, ETC.)	211 LOCATION	CITY OR TOWN	COUNTY STATE
1		AT WORK AT WORK		,	12/ 03	- 17	7 602
		220 I certify that (I) (this hospit sow the deceased alive on_	ol) offended the dece	18-2	and that in (my) (pur) pointing	death occurred on the date and he	. 19 O , that (I) (we) lost
		obove, (I) (we) (did) (did not 22b. SIGNATURE	view the body ofte	leoth	DEGREE PATHOL	- Vi E	220 DATE SIGNED
			men	3 ywaly	40 ATTENDING	MEDICAL STAFF  DIRECTOR PHYSICIAN	2-27-83
		22d. PHYSICIAN'S NAME TYPE OF	B. Cost	tours) us	22e ADDRESS BOSH-R	PANDALLSTENN	hy. 21133
	23a B	SURIAL CREMATION REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
7	()	SPECIFY) BURIAL	MAR.1,198	3   PROGRE RELIFF	SSIVE BENEFIT	8 RANDAELSTOWN	N BALTO. SIMD
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SOL LEVINSON & BROS. INC. DHMH - 16 50M 1/B1 (VRA 15, 4)

MD 21215 BALTO., REISTERSTOWN RD

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- STATE

1 DECEASED NAME

REGISTRAR

FIRST

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

DAY

YEAR

IF UNDER 1 YEAR

83

26 HOUR

126 KIND OF BUSINESS OR

State of Md.

IF UNDER 24 HRS

2g. DATE OF DEATH

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STATE OF MARYLAND

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22d PHYSICIAN'S I	NAME TYPE OF PE	INT)			22e ADDRESS				

MPORTANT: If Item 21 DE LEON NATIVIDAD D

7620 YORK ROAD TOWSON MD 21204

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL 231. NAME OF CEMETERY OR CREMATORY 23b. DATE PARKWOOD

23d. LOCATION

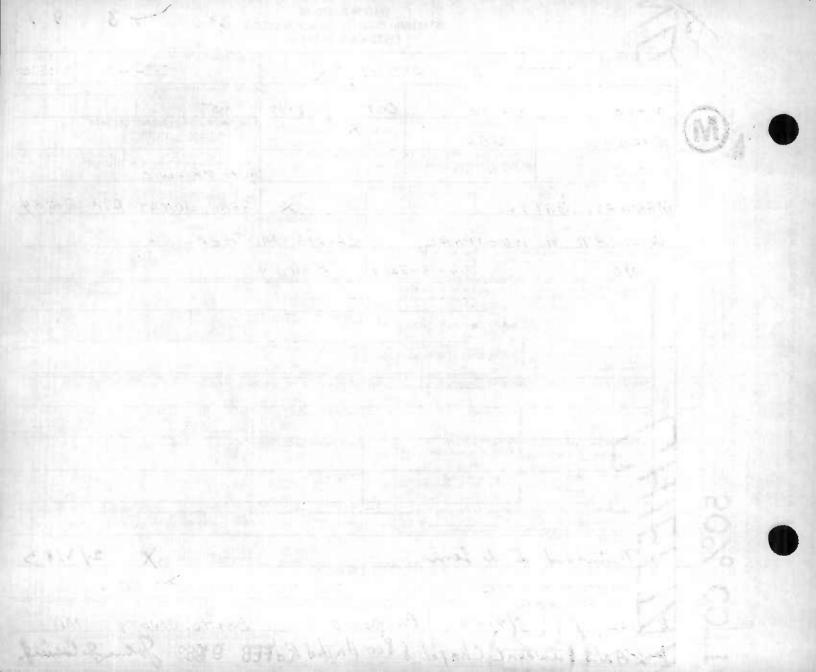
COUNTY

DHMH - 16 50M 4/B2 (VRA 15, 4)

24. FUNERAL DIRECTOR

Funeral Chapel 8800 Halfed

250. DATE REC'D. BY REGISTRAR 25b. RE

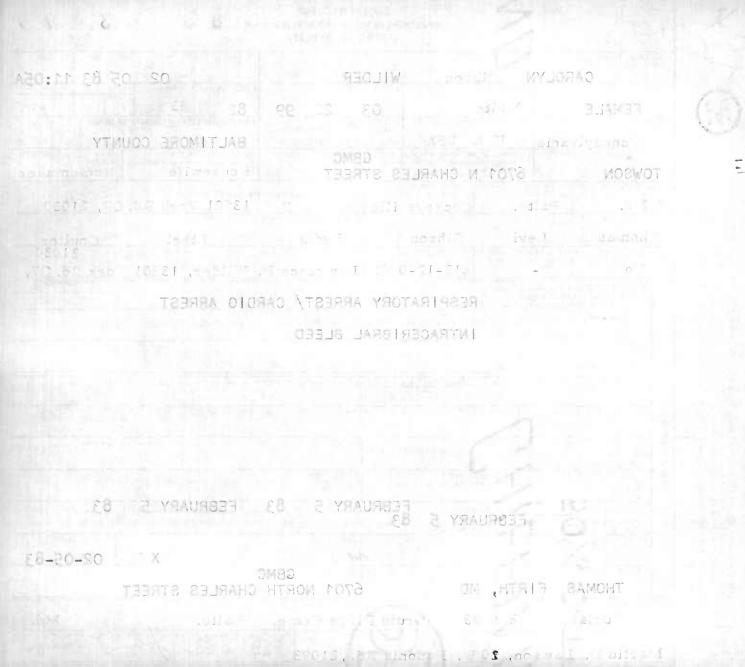


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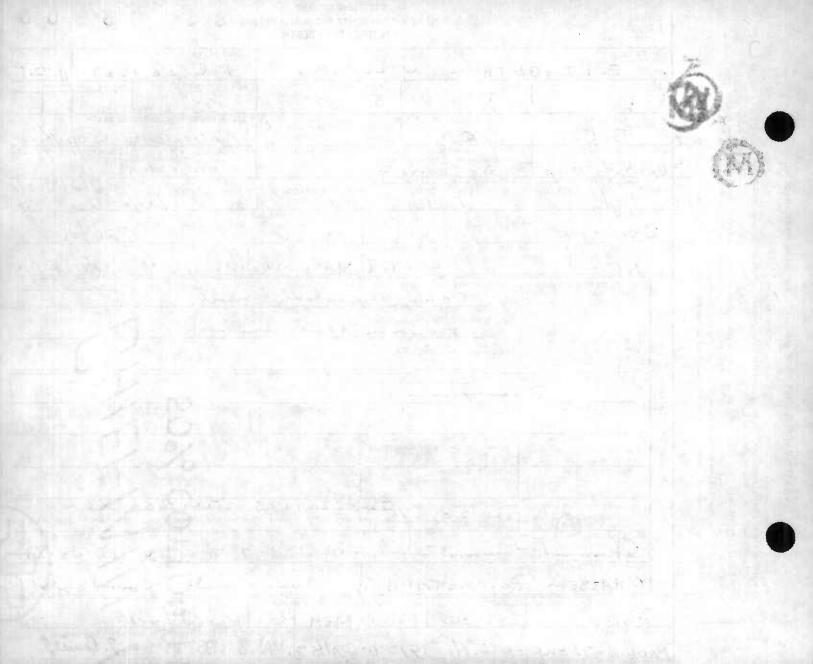
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Martin D. Lawson, 20 W. Padonia Rd., 21093

(VRA 15, 4)



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STATE OF MARYLAND

FOR

DIVISION OF VITAL RECORDS,

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH YEAR DECEASED NAME FIR5T MIDDLE DAY 2b. HOUR (TYPE OR PRINT) Feb. 23, 1983 HELENE MARIE WITTEMAN 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 5 DATE OF BIRTH 4. RACE 3. SEX MONTH W April 29, 1903 79 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED W NEVER MARRIED COUNTRY Md. Baltimore Co.. USA WIDOWED DIVORCED [ IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Towson Dulaney-Towson Nursing Home Homemaker USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 131 COUNTY 13a. STATE 13c CITY OR TOWN 113d. INSIDE CITY LIMITS? 907 E. 37th St. 21218 Baltimore Md YES KI NOF 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME William Kelley Lelia Maude Elliott ADDRESS 16h SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) 220 46 5459 Mr. Christopher Witteman 907 E. 37th St. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for to), (b) and (c). PART I. DEATH WAS CAUSED BY ind arterioselevare praye IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating DUE TO OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOP NO [ YES -210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR RART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M 211 LOCATION 21d. INJURY OCCURRED 21a. PLACE OF INJURY COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from, saw the deceased alive on obove, (I) (we) (did) (did not) view the body after death. and that in (my) (que) opinion death occurred an the date and hour and from the causes stated 226 SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PPINT) EDERICK J VOLLMER 23a. BURIAL, CREMATION, REMOVAL 23b. DATE

6100 YOKK RD BALTIMORE MI) 21212 23c NAME OF CEMETERY OR CREMATORY

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82

Burial

MITCHELL-WIEDEFELD HOME, INC. 6500 York Rd.

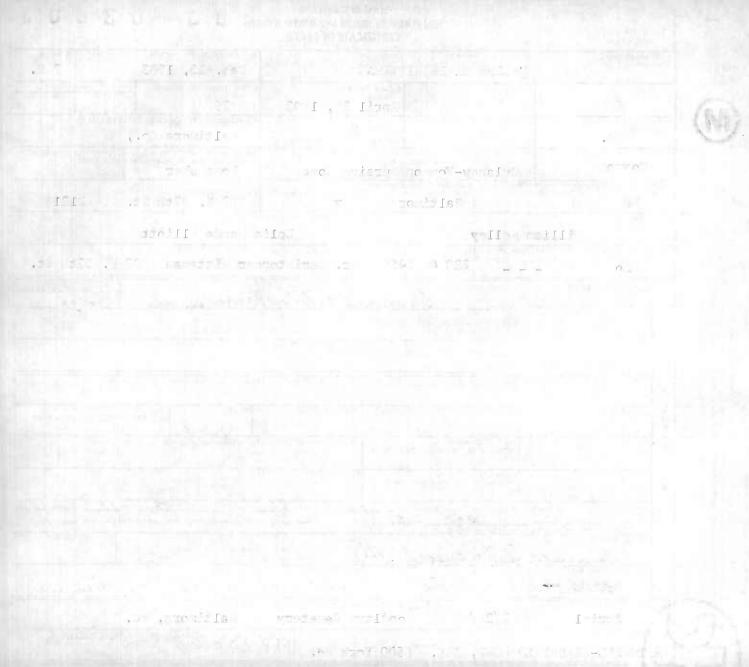
2/26/83

22s ADDRESS

Woodlawn Cemetery

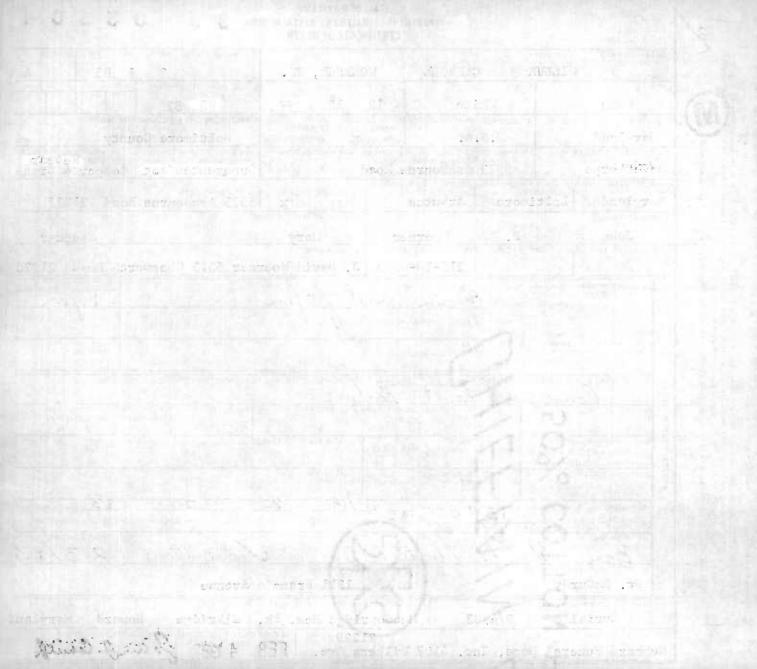
Baltimore, Md.

FEB 2 8 1983 PEGISTRAR 236 PEGISTRAR'S SIGNAL



DIVISION OF VITAL RECORDS,

STATE OF MARYLAND



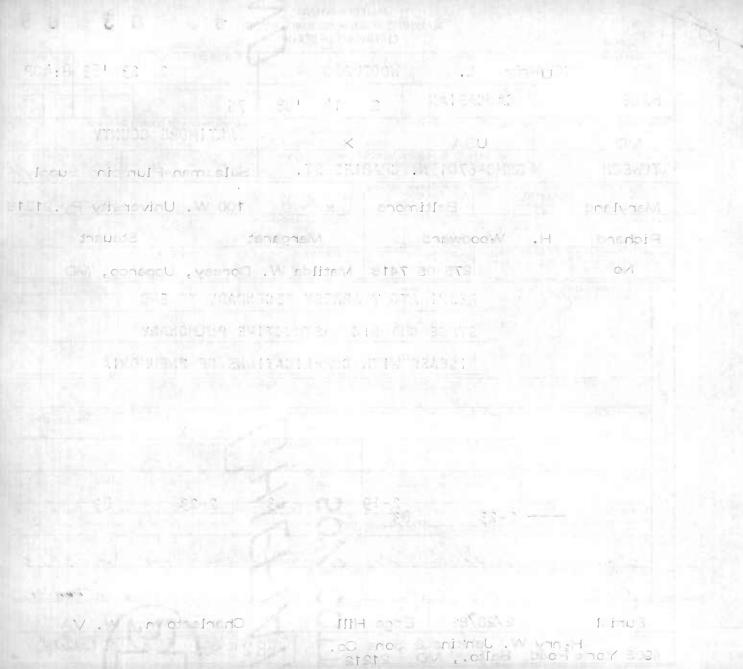
			CEASED NAME FIRST	WIODLE		AST		26 DATE OF DEATH MONT			2b. HOUR
	a die	(TYPE	STEU/	ART L.	W00E	DWARD		2	23	183	8:40P M
	100	3. SE	ÄLE	4 RACE	5. DATE C			6 AGE (IN YEARS LAST BIRTHDAY		UNDER I YEAR	IF UNDER 24 HRS.
	1(101)	JV	IALE	CAUCASIAN	M2NTH	14 17	80	75	YRS.	NIRS	HOURS MIN.
	8 38 01		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIE	ED 🗆	BALTIMORE CITY OR CO	UNTYO	FDEATH	
•	1 100		MD	USA	WIDOWE			BALTIMORE	CUU	NIY	MD.
	1 11 2/		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME C	OR OTHER INSTITUTION	ON	120 USUAL OCCUPATION	KING LIFE	INMISTRY	OF BUSINESS OR
201	1 11 20		OWSON	GBMC=6701°		(LES 51.		Salesman-F	lum	bing	Supply
22	2 DK	USU/ 13a. S	AL RESIDENCE (IF NURSING HOVE OF	ROTHER INSTITUTION GIVE RESIDENCE NTY 13c. CITY OR		134 INSIDE CITY LIA	MITS?	13e STREET ADDRESS			
AN			Maryland	Balt	imore	YES X NO		100 W. Un	iver	sity F	Py.2121
484	1 15 PM		THER'S NAME FIRST	MIDDLE LAS	т.	15. MOTHER'S MAID		MIDDLE	0.	LAS	58
2	1 CM	-	Richard H	. Woodward			gare	ADDRESS	St	euart	
OHE	9 Pag 92	iga A	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	SECURITY NO.	17 INFORMANT					-
	4 67 9				5 7418	Matilda	W.	Dorsey, Up	perc		
n A	Scort ovol ovol		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line far (a), (ED 8Y: RFSPI	RATORY	ARREST S	SECO	NDARY TO EN	1D	BETWEEN	IMATE INTERVAL ONSET AND DEATH
2	the page of	5	4960 IMMEDIA	TE CAUSE (o)	1177   011	71111201	0100	HOTAL TO ET		-	
0	4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6			DUE TO, OR AS A CONS	CHRONI	C OBSTRI	UCTI	VE PULMONAF	ξY		
PRES	to of the de		Canditions, if any, which gove rise to immediate	(b)	O I II I I					1	
*	to the contract		couse (a), stating the underlying cause lost.	DISEA	SE WITH	COMPLIC	CATI	ONS OF PNEU	JMON	IA	
20	the state of the s		PART 2 OTHER SIGNIFICANT	107							0
RDS	The party of the p	Z O									
00	1 11111	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		20a AUTOPSY? 20b	IF YES, V	WERE FINDIN	NGS USED OF DEATH?
AL K	71 741	TIF						YES NO X	YES	_	NO [
5	34 114 20		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY (	OCCURRE	ED (ENTER NATURE OF INJURY IN II	EM 18 PART	T I OR PART 2)	
Ö	Sicus portion of the particular of the particula	ICAI	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19						
SIO	d d t t t	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC )	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
2	NG officer of the contract of	17	ORK NOT WHILE		2-10		83	2-23		83	
	END DR. J DR. J Hen		22a.1 certify that (1) (this hosp saw the deceased alive or	ital) opended the deceased f	rom 83	, 19_	oninion de	eoth occurred an the date as	, 19		that (I) (we) last
	ATT OFFICE OF THE PERSON NAMED OF THE PERSON N			at) view the body ofter death.	. 01	DEGREE	оринон а	eoin occurred an the date at	id naur o	226. DATE	
	S T S T S T S T S T S T S T S T S T S T		I I	8 W/2	700	ATTEN		MEDICAL STAFF		2/	SIGNED
	ANTA PERA		22d/PHYSICIAN'S NAME CITYPE	1 / / / / / CO	, Mp	PHYSIC 22e ADDRESS	CIAN L	DIRECTOR PHYSICIAN	-	0/0	5/83
	HOS Held Signal Office		0	a m ·/ -	700 0	(	,	a	m		0- 101
	Of 54 3	23a s	BURIAL CREMATION, REMOVAL	123b. DATE	23c NAME OF C	EMETERY OR CREMA	ATORY	123d LOCATION	1124	ical (	ellter.
	BP		Burial	2/28/83	Edge			Charlestow	n	W. V	STATE
			JNERAL DIRECTOR Henry		0. C	0	250. DATE	REC'D. BY REGISTRAR 255/		AR'S SIGNAT	TURE A
	DHMH - 16 50M 4/82 (VRA 15, 4)	4	905 York Roa	d Balto. M	ND 212	00.	FFR	251983	hu	Je la	welg

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

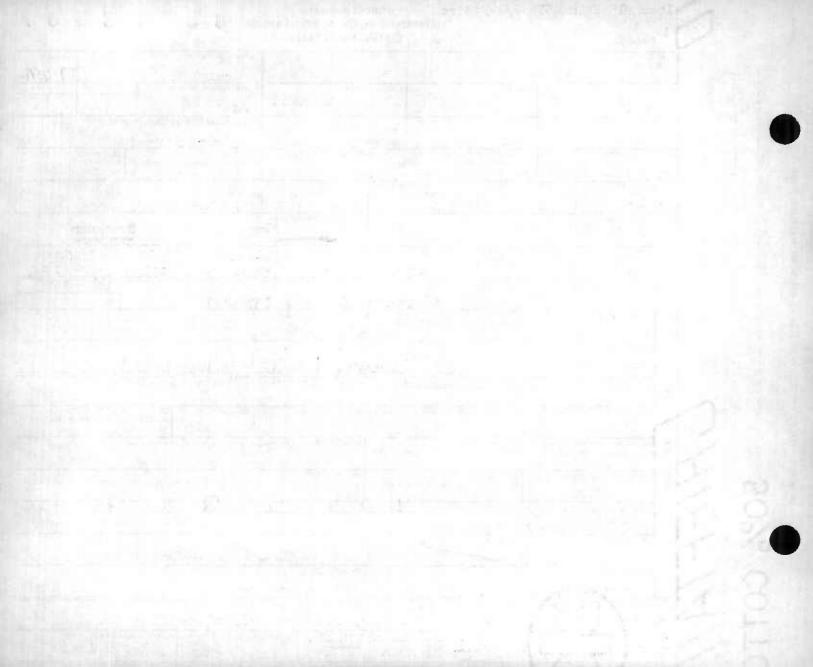
FOR STATE REGISTRAR



	1			STATE OF MARYCAND		
1	1.	FOR - STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 5 0 6
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
Doge 3	-	Charle Charl	es E.	Workinger	02-	03-83 7:40 PM
ou od 75	3 SE	X	RACE	5 DATE OF BIRTH	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
96 15		MAIR	white	11 18 01	YRS.	MONTHS DATS HOURS MIN.
	700	RTHPLACE (STATE OR FOREIGN OUNTRY)	. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
S S	14	ENIEY/VALIA	US.	WIDOWED DIVORCED	CAHONSVIlle,	Siscito, Co. MD.
by the filled with	10 5	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY-GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS)	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	(E) 126 KIND OF BUSINESS OR
no on	USU	AL RESIDENCE (IF NURSING HOME OF C	THER VSJITUJION, GIVE RESIDENCE	BEFORE ADMISSION)	Retired	N/A
AND 2 AND 2 AND 2 AND 2	p	ACCIUL MARKE		YES NO	130. STREPPADDRESS 24	4 21131
Ather 12 sh	14, E	ATHER'S NAME	DDLE A LAS	15. MOTHER'S MAIDEN NA	ME	0451 6
MAM ted w		7010	e (ree)	mable	1016	RANT (Dec)
n and co	16a. V	VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES)	SECURITY NO. 17 INFORMANT	ADDRESS	
the bear		NO	1 ~ /	TEROM MOSPIT	al record.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ficati ficati paps naval ent, t		PART I. DEATH WAS CAUSED	BY:	or, and cont		SETWEEN ONSET AND DEATH
N ST		4100 IMMEDIATE	CAUSE (0)	period of		7000
PRESTON he death ce mo ottendin motion, arr		Conditions, if any, which	DUE TO, OR AS A CONS		Tuboration	
he d		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS			
1 W. P that the by the cose re- il, crem		underlying couse last	(c)	ASCVA		
Urres the plead ten plead to burio	_	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 1(o
PRDS, 2	ğ	(ong	stre Ho	mt Foilure		
RECORDS,  on the second of the	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED YING CAUSES OF DEATH?
	1	21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	121, HOW BUILDY OCCUP	YES NOW YE	S NO
OF VII		OR CONTRIBUTING CAUSE OF DEATH	110110 4 44 44 01171	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18,1	PART 1 OR PART 2)
HYSICIA nding ph his certif buriol:t i Mentol or frem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
DINISION OF VITAL  DING PHYSICIAN. The or ottending physician and Affer this certificate it. e.g. the buriolitronsin olih and Mental Hygies marked or item 18 shor	AE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O		CITY OR TOWN	COUNTY STATE
O O A S O E		22a 1 certify that (I) (this haspita	) attended the deceased f	rom 01-19-83 19-	to 02-03-85	19, that (1) (we) lost
TTE Prito Prito of for of fi		sow the deceased alive an above, (1) (we) (did) (did not)	view the body ofter death.	.19, and that in (my) (our) opinion	death accurred on the date and have	or and from the causes stated
		226. SIGNATURE		DEGREE	MEDICAL STAFF	17c. DATE SIGNED
AL AL	1	D. /-	ny	M.D ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	02-03-83
TO HOSPITAL etoined by the TO FUNERAL should be detawnth the Store		22d PHYSICIAN'S NAME TTYPE OR		220 ADDRESS	L DIC.	- 1/ 4/21228
TO HOO	23a.	BURIAL, CREMATION, REMOVAL	2 M.D.,	23c. NAME OF CEMETERY OR CREMATORY	123d LOCATION	
BP		BURTAT.	2/28/183	St. James Cem.	Chancefor T	WD. York Copa.
DHMH-16 20M	24 F	UNERAL DIRECTOR	ADDRE	25a. DAT	E REC'D. BY REGISTRAR 250 REGIS	
(VRA 15, 4) 7/7B		MacNabb Fune		"atonsville md FEF	3 7 1983 John	It comed

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NO -	4. RACE  White  76. CITIZEN OF V  USA  11. NAME OF H  (IF NOT IN SUCH  AUG SOUY  E OR OTHER INSTITUTION, D  UNTY  MIDDLE  ARMED FORCES?  GIVE WAR OR DATES)  T only one couse per I  JSED BY.  DIATE CAUSE (0)	NODIE  NHAT COUNTRY? 8  NOSPITAL, NURSING HEACHITY, GIVE STREET ADD OUT TOWN Baltimore  Wast  Wast  16b SOCIAL SECURIT  219-50-94  line for (a), (b), and (a)	MARRIED NAME NO TY NO. 17. INF	DAY JEAR 31, 1889  EVER MARRIED DIVORCED RINSTITUTION  SIDE CITY LIMITS?  THER'S MAIDEN NA FIRST A1  Unknown  ORMANT Balt Sburg Lut	February 2. 6. AGE (IN YEARS LAST BIRTH 93. 9. BALTIMORE CITY OF Baltimore 1120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Salespersor 130. STREET ADDRESS 531 Windwood	MONTH DAY YEA  1983  HDAY) IF UNDER 1 Y YRS.  R COUNTY OF DEATH  COUNTY DN 12b. KIN- F WORKING LIFE) INDUS: 2  Bruck Bruck SS MD  6811 Camp	H  ND OF BUST TRY  Known  1212  1212  1212  1212
SEX Female BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mary Land CITY OR TOWN OF DEATH Locheam BLA RESIDENCE (IF NURSING HOME FIRST  WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED OF CONDITIONS)  18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED OF CONDITIONS)  Conditions, if any, which gove rise to immediate	4. RACE  White  76. CITIZEN OF V  USA  11. NAME OF H  (IF NOT IN SUCH  AUG SOUY  E OR OTHER INSTITUTION, D  UNTY  MIDDLE  ARMED FORCES?  GIVE WAR OR DATES)  T only one couse per I  JSED BY.  DIATE CAUSE (0)	NHAT COUNTRY? B.  NOSPITAL, NURSING HEACHITY, GIVE STREET ADD P. LATT WITH THE STREET ADD LAST WURST  18b SOCIAL SECURIT (219-50-94) line for (a), (b), and (c)	Wurst  5. Date of Birth  October  MARRIED N  MIDOWED  HOME OR OTHE  DRESS)  THOME  13d. IN:  YES &  15. MO  17 NO. 17. INF  79 Aug	THER'S MAIDEN NA FIRST  FIRST  THER'S MAIDEN NA FIRST  FIR	February 2.  6. AGE (INYEARS LAST BIRTIE 93.  7. BALTIMORE CITY OF BALTIMORE CITY OF BALTIMORE CITY OF BALTIMORE CITY OF SALESPERSON  13. STREET ADDRESS 531 Windwood  ME MIDDLE  Simore, ADDRESS  Cheran Home	HDAY)  IF UNDER 1 Y  YRS.  R COUNTY OF DEATH  COUNTY  WORKING LIFE)  NDUS  UT  DA Rd. 2  Bruck  Bruck  Bruck  6811 Camp	H  ND OF BUST TRY  Known  1212  1212  1212  1212  1212  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312  1312
SEX  Female  BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Mary Land  CITY OR TOWN OF DEATH  Lochearn  SUAL RESIDENCE (IF NURSING HOME FIRST  MARY Land  O WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED FOR CAU	4. RACE  White  7b. CITIZEN OF V  USA  11. NAME OF H  (# NOT IN SUCH  AUGS DUM  E OR OTHER INSTITUTION.  DUNTY  MIDDLE  ARMED FORCES?  GIVE WAR OR DATES)  T ONly One couse per ( JSED BY:  DIATE CAUSE (0)	NHAT COUNTRY? 8.  VIOSPITAL, NURSING HEACHTY, GIVE STREET ADD  OVER RESIDENCE BEFORE AD 1134. CITY OR TOWN  Baltimore  Wurst  16b SOCIAL SECURIT  219-50-94  line for (a), (b), and (a)	MARRIED NO	THER'S MAIDEN NA FIRST  FIRST  THER'S MAIDEN NA FIRST  FIR	93 9. BALTIMORE CITY OF Baltimore 120. USUAL OCCUPATIC (TYPE OF WORK FOR MOST OF Salespersor 130. STREET ADDRESS 531 Windwood ME MIDDLE MADDRESS ME ADDRESS MIDDLE MADDRESS ME ADDRESS ME MIDDLE	R COUNTY OF DEATH  COUNTY WONTHS D  YRS.  R COUNTY OF DEATH  COUNTY WORKING LIFE   1126. KIN WORKING LIFE   1170. KIN WOR	HANDOF BUSTERY  1212  1212  1212  1212  1212  1212  1212  1212  1212
BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Mary Land  CITY OR TOWN OF DEATH  Lochearn SUAL RESIDENCE (IF NURSING HOME FIRST NAME FIRST MARTIN  WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES. NO OR UNKNOWN) (IF YES. NO CONDITIONS)  18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED IMMED Conditions, if any, which gove rise to immediate	White  76. CITIZEN OF V  USA  11. NAME OF H  (IF NOT IN SUCH  AUGS DUM  E OR OTHER INSTITUTION.  MIDDLE  ARMED FORCES? GIVE WAR OR DATES)  T ONly One couse per l  JSED BY:  IJATE CAUSE (0)	NHAT COUNTRY? 8.  VIOSPITAL, NURSING HEACHTY, GIVE STREET ADD  OVER RESIDENCE BEFORE AD 1134. CITY OR TOWN  Baltimore  Wurst  16b SOCIAL SECURIT  219-50-94  line for (a), (b), and (a)	MARRIED NO	THER'S MAIDEN NA FIRST  FIRST  THER'S MAIDEN NA FIRST  FIR	93 9. BALTIMORE CITY OF Baltimore 120. USUAL OCCUPATIC (TYPE OF WORK FOR MOST OF Salespersor 130. STREET ADDRESS 531 Windwood ME MIDDLE MADDRESS ME ADDRESS MIDDLE MADDRESS ME ADDRESS ME MIDDLE	R COUNTY OF DEATH  COUNTY WONTHS D  YRS.  R COUNTY OF DEATH  COUNTY WORKING LIFE   1126. KIN WORKING LIFE   1170. KIN WOR	HANDOF BUSTERY  1212  1212  1212  1212  1212  1212  1212  1212  1212
BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Mary Land  CITY OR TOWN OF DEATH  Locheam  SUAL RESIDENCE (IF NURSING MORE)  IS STATE  Mary Land  FATHER'S NAME FIRST  MARTIN  WAS DECEASED EVER IN U.S.  (YES, NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE)  Conditions, if any, which gove rise to immediate	76. CITIZEN OF V  USA  11. NAME OF H  (IF NOT IN SUCH  AUGS DUY  E OR OTHER INSTITUTION, D  UNTY  MIDDLE  ARMED FORCES?  GIVE WAR OR DATES)  T ONly One couse per l  JSED BY.  DIATE CAUSE (0)	NHAT COUNTRY? 8, 10SPITAL, NURSING HEACHITY, GIVE STREET ADDRESSIDENCE BEFORE AD 113C. CITY OR TOWN Baltimore  LAST  Wurst  18b SOCIAL SECURIT  219-50-94  line for (a), (b), ond (a)	MARRIED NAME NO TY NO. 17. INF	SIDE CITY LIMITS? THER'S MAIDEN NAFIRST AT COMMANT Balt Shurg Lut	9. BALTIMORE CITY OF  Baltimore  120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF  Salespersor  130. STREET ADDRESS  531 Windwood  ME  MIDDLE  MADDRESS  CHERON HOME	YRS.  R COUNTY OF DEATH  COUNTY  DN  INDUS  UNI  Od Rd.  Bruck  Bruck  8811 Camp	H  VIDOF BUSTINY  RY  1212  1212  16r  12207  16iele
BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Mary Land  CITY OR TOWN OF DEATH  Locheam  SUAL RESIDENCE (IF NURSING MORE)  IS STATE  Mary Land  FATHER'S NAME FIRST  MARTIN  WAS DECEASED EVER IN U.S.  (YES, NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE)  Conditions, if any, which gove rise to immediate	76. CITIZEN OF V  USA  11. NAME OF H  (IF NOT IN SUCH  AUGS DUY  E OR OTHER INSTITUTION, D  UNTY  MIDDLE  ARMED FORCES?  GIVE WAR OR DATES)  T ONly One couse per l  JSED BY.  DIATE CAUSE (0)	NOSPITAL, NURSING HEACHITY, GIVE STREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TO BE ADDR	MIDO WED HOME OR OTHE DRESS)  MISSION 13d. IN: YES & 15. MO  TY NO. 17. INF  79 Aug	EVER MARRIED TO DIVORCED TO RINSTITUTION  SIDE CITY LIMITS?  THER'S MAIDEN NA FIRST AT THE COMMON TO THE COMMON TH	Baltimore  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF  Salespersor  130. STREET ADDRESS  531 Windwood  ME  MIDDLE  MIDDLE  MIDDLE  ADDRESS  Cheran Home	County County DN 126. KIN- WORKING LIFE INDUS UT  DD R. 2  Bruck Bruck Bruck 6811 Camp	ND OF BUSINESS  1212  1212  1212  1212  1212  1212  1212  1212  1212
Mary Land  CITY OR TOWN OF DEATH  Lochearn  SUAL RESIDENCE (IF NURSING HOME  JO. STATE  Mary Land  FATHER'S NAME FIRST  WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN)  VOE  18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU  5990 IMMED  Conditions, if any, which gove rise to immediate	AMME OF HAME OF HAME OF HAME OF HAME OF HAME INSTITUTION, DUNTY  MIDDLE  ARMED FORCES? GIVE WAR OR DATES)  TO ONly One couse per USED BY: DIATE CAUSE (0)	IOSPITAL, NURSING HFACILITY, GIVE STREET ADD PARTIES AND THE PARTIES GIVE RESIDENCE BEFORE AD 113C. CITY OR TOWN Baltimore LAST Wurst 16b SOCIAL SECURIT 219-50-94 line for (a), (b), and (a)	MIDO WED HOME OR OTHE DRESS)  MISSION 13d. IN: YES & 15. MO  TY NO. 17. INF  79 Aug	DIVORCED RINSTITUTION  SIDE CITY LIMITS?  THER'S MAIDEN NA FRIST  FIRST  ORMANT  Balt  Sburg Lut	Baltimore  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF  Salespersor  130. STREET ADDRESS 531 Windwood  ME MADDLE  MODE  ADDRESS  CHERON HOME	od Rd. 2  Bruck Beuro  SS MD  6811 Camp	known 1212 ner men 2120:
CITY OR TOWN OF DEATH  LOCHEAM SUAL RESIDENCE (IF NURSING HOME ID. STATE  MARY LAND  WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN)  18 CAUSE OF DEATH LENTER PART I. DEATH WAS CAU  5990 IMMED  Conditions, if any, which gove rise to immediate	AMME OF HAME OF HAME OF HAME OF HAME OF HAME INSTITUTION, DUNTY  MIDDLE  ARMED FORCES? GIVE WAR OR DATES)  TO ONly One couse per USED BY: DIATE CAUSE (0)	HOSPITAL, NURSING HFACILITY, GIVE STREET ADD GIVE RESIDENCE BEFORE AD 13c. CITY OR TOWN Baltimore LAST Wurst 16b SOCIAL SECURIT 219-50-94 line for (a), (b), and (c)	HOME OR OTHE  PRESS  13d. IN:  YES  15. MO  17 NO. 17. INF  79 Aug  Cub pul	SIDE CITY LIMITS?  NO THER'S MAIDEN NA FREST AT  FREST AT  ORMANT BATT  Shurg Lut	120. USUAL OCCUPATION (IYPEOP WORK FOR MOST OF SALESPERSON)  130. STREET ADDRESS 531 Windwood  ME MADDLE  ADDRESS  CHARACTER ADDRESS  ADDRESS  CHARACTER HOME	od Rd. 2  Bruck Beuro  SS MD  6811 Camp	knowr 1212 ner mer 2120:
SUAL RESIDENCE (IF NURSING HORE)  In STATE  Mary Land  FATHER'S NAME FIRST  MARTIN  WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN)  IS CAUSE OF DEATH (Enter PART I. DEATH WAS CAU  5990 IMMED  Conditions, if any, which gove rise to immediate	AUGSDUME OR OTHER INSTITUTION. DUNTY  MIDDLE  ARMED FORCES? GIVE WAR OR DATES)  T ONly One couse per USED BY: DIATE CAUSE (0)	CALLETON OF TO THE POPULATION OF THE POPULATION OF TOWN BALLIMORE  LAST Wurst  166 SOCIAL SECURIT  219-50-94  line for (a), (b), and (c)	M Home  PAISSION  13d. IN: YES A  15. MO  17. INF  29 Aug  Cui	THER'S MAIDEN NA FREST AI  FRANCE  FRA	Salesperson  13. STREET ADDRESS 531 Windwood  ME MADDLE  MODE  MODE  ADDRESS  Cheran Home	od Rd. 2 Bruck Beach SS MD 6811 Camp	knowr 1212 ner mer 2120: field
SUAL RESIDENCE (IF NURSING HORE)  In STATE  Mary Land  FATHER'S NAME FIRST  MARTIN  WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN)  IS CAUSE OF DEATH (Enter PART I. DEATH WAS CAU  5990 IMMED  Conditions, if any, which gove rise to immediate	MIDDLE  ARMED FORCES? GIVE WAR OR DATES)  T ONly One couse per USED BY:  JIATE CAUSE (0)	GIVE RESIDENCE BEFORE AD 1136. CITY OR TOWN  Baltimore  LAST  Wurst  16b SOCIAL SECURIT  (219-50-94)  line for (a), (b), and (c)	13d. IN: YES £ 15. MO  17 NO. 17. INF  79 Aug	THER'S MAIDEN NA FREST AI  FRANCE  FRA	13e STREET ADDRESS 531 Windwood ME ma MIDDLE  imore, ADDRESS Cheran Home	Bruck Bruck Beulo SS MD 6811 Camp	1212 ner mer 21201 field
Maryland FATHER'S NAME FIRST  WAS DECEASED EVER IN U.S. (YES. NO OR UNKNOWN)  18 CAUSE OF DEATH LENTER PART I. DEATH WAS CAU  5990 IMMED  Conditions, if any, which gove rise to immediate	ARMED FORCES? GIVE WAR OR DATES)  r only one couse per USED BY: IJATE CAUSE (0)	Baltimore  LAST  Wurst  16b SOCIAL SECURIT  219-50-94  line for (a), (b), and (c)	YES & 15. MO 17 NO. 17. INF 79 Aug	THER'S MAIDEN NA FREST AI  FRANCE  FRA	531 Windwood ME MODIE MINISTER ADDRESS CHERAN HOME	Bruck Beals SS MD 6811 Camp	ner ner 2120 fiel
Martin  WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN)  18 CAUSE OF DEATH LENTER PART I. DEATH WAS CAU  5990 IMMED  Conditions, if any, which gove rise to immediate	ARMED FORCES? GIVE WAR OR DATES)  r only one couse per USED BY: IJATE CAUSE (0)	LAST  Wurst  166 SOCIAL SECURIT  219-50-94  line for (a), (b), and (c)	15. MO 17. NO. 17. INF 29 Aug	THER'S MAIDEN NA FRST A1 FRST BA FRST BA FRST BA ORMANT BA ESburg Lut	ima MIDDLE  imore, ADDRES  theran Home	Bruck Beals SS MD 6811 Camp	ner ner 2120 fiel
WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU  5990 IMMED  Conditions, if any, which gove rise to immediate	ARMED FORCES? GIVE WAR OR DATES)  r only one couse per USED BY: DIATE CAUSE (0)	Wurst 166 SOCIAL SECURIT 219-50-94 tine for (a), (b), and (a)	17 NO. 17. INF 29 Aug	FIRST Al Enkrown ORMANT Balt Sburg Lut	ma MDDLE imore, ADDRES heran Home	Beak SS MD 6811 Camp	ner 2120 fiel
WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU  5990 IMMED  Conditions, if any, which gove rise to immediate	r only one couse per l JSED BY: DIATE CAUSE (0)	219-50-94 line for (a), (b), and (c	79 Aug	^{ORMANT} Balt Sburg Lut	heran Home	ss MD 6811 Camp	2120: field
(IF YES, NO OR UNKNOWN)  NO  18 CAUSE OF DEATH : Enter PART I. DEATH WAS CAU  5990 IMMED  Conditions, if any, which gove rise to immediate	r only one couse per l JSED BY: DIATE CAUSE (0)	219-50-94 tine for (a), (b), and (c	79 Aug	sburg Lut	heran Home	6811 Camp	fiel
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU 5990 IMMED	DIATE CAUSE (0)	line for (a), (b), and (c)	dio pul			6811 Camp	TIELL PROXIMATE FEN ONSET
PART I. DEATH WAS CAU 5990 IMMED  Conditions, if any, which gove rise to immediate	DIATE CAUSE (0)	Can	diopul	monory (	TELLUCK	BETW	EEN ONSET
PART 2. OTHER SIGNIFICAN	VT CONDITIONS CO	INTRIBUTING TO DEA	ATH BUT NOT RE	ATED TO THE TERM	AINAL DISEASE OR COND	DITION GIVEN IN PAR	T 1(o
190. DATE OF OPERATION	19b. CONDIT	TION FOR WHICH OF	PERATION WAS	PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	VDINGS ( ISES OF D
210. ACCIDENT WAS UNDERLYING			YEAR 21c Ho	OW INJURY OCCUR	RED (ENTER NATURE OF INJURY	Y IN ITEM 18 PART 1 OR PART	2)
OR CONTRIBUTING CAUSE OF	DERIN		19				
21d. INJURY OCCURRED				CATION	CITY OR TOW	NN COUNTY	4
WHILE ONOT WHILE O	(STOME, STRE	THE PARTY OF THE PARTY					
220.1 certify that (1) (this ho	ospitol) attended the	deceased from	4-2-	. 19	, to	d- 19 83	L, that
sow the deceased alive above, (I) (we) (did)	of hiew the body o	ofter death.	, ond that i	n (my) (our) opinion	deoth accurred on the do	te and hour and from	the cous
22b. SIGNATURE	XALX		DEGREE				ATE SIGN
	100			ATTENDING PHYSICIAN		FIAN 2/	3/83
226 PHYSICIAN'S NAME (TYP	PE OR PRINT)		22e. A				14.14
Karma S.	Nair		242	5 Eutaw F	lace		
6. BURIAL, CREMATION, REMOV		23c. NA			23d LOCATION		
Burial	2/4/83	Bal	timore (	emetery	Baltimore	City, Md.	
	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE ITHER, NOTIFY MEDICAL EXAM.  21d. INJURY OCCURRED  WHILE NOTIFY HODICAL EXAM.  220. I certify that (I) (this has sow the deceosed alive obove, (I) (we) (did).  22b. SIGNATURE  22d. PHYSICIAN'S NAME (IV.  KAYMA S.  BURIAL, CREMATION, REMOVE BURYAL	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING   210. TIME OF OR CONTRIBUTING   CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  210. INJURY OCCURRED  WHILE   NOT WHILE   AT WORK  220. I certify that (1) (this hospital) attended the sow the deceosed alive problem. (I) (we) (did)  27b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE OR PRINT)  KARMA S. Nair  8. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)  BURIAL	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER)  210. INJURY OCCURRED  210. INJURY OCCURRED  WHILE AT WORK  220. I certify that (I) (this hospital) attended the deceased from sow the deceased alive to above, (I) (we) (did) dependent of the deceased of the decea	190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS IN 190. CONDITION TO CON	198. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR CONT	190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING  210. CONTRIBUTING CAUSE OF DEATH (IFETHER NOTIFY MEDICAL EXAMINER)  210. INJURY OCCURRED  210. INJURY OCCURRED  210. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)  211. LOCATION STREET  210. LOCATION STREET  211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)  211. LOCATION STREET  212. LOCATION STREET  213. NOT WHILE AT WORK  214. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)  215. SIGNATURE  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)  217. LOCATION STREET  218. DEGREE  ATTENDING PHYSICIAN DIRECTOR PHYSIC  219. ACCURRED (IN) ATTENDING PHYSICIAN DIRECTOR PHYSIC  210. PHYSICIAN'S NAME (TYPE OR PRINT)  211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)  212. LOCATION PHYSICIAN DIRECTOR PHYSIC  224. PHYSICIAN'S NAME (TYPE OR PRINT)  226. ADDRESS  2425 Eutaw Place  326. NAME OF CEMETERY OR CREMATORY CITY OR TOWN BURIAL, CREMATION, REMOVAL 2/4/83  BURIAL, CREMATION, REMOVAL 2/4/83  BURIAL 2/4/83  BAltimore Cemetery  BALTIMORE  200. AUTOPSY?  210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY (IT HOW INJURY OCCURRED (IT HOW INJURY OCCURRE	190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING  210. ACCIDENT WAS UNDERLYING  210. CONTRIBUTING CAUVE OF DEATH  (IF EITHER, NOTHY MEDICAL EXAMINER)  210. INJURY OCCURRED  211. LOCATION  STREET  CITY OR TOWN  COUNTY  212. LOCATION  STREET  CITY OR TOWN  COUNTY  222. LOCATION  STREET  223. INJURY  224. DEGREE  226. DEGREE  226. DEGREE  226. DEGREE  227. D  228. ADDRESS  2425 Eutaw Place  BURIAL, CREMATION, REMOVAL 1330, DATE  236. NAME OF CEMETERY OR CREMATORY 1234 LOCATION



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
	CEASED NAME	FIRST		WIDDLE		AST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
	SATRIAL)	R.	Hoo	d Yo	rtes		10000000	2	9 83	A
3 SE	X		4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
100	Male		Whi	te	MONT	24 1895	88	YRS	MONTHS DAYS	HOURS MIN
	RIHPLACE (STATE OR	FOREIGN		WHAT COUNTRY	Y? 8	- TV NEVER WARRIED [	9 BALTIMORE CITY O		Y OF DEATH	
35	MD		U.S.	.A.	WIDOWE	DXX NEVER MARRIED	7 7	Cor	inty	MC
	TY OR TOWN OF DE		(IF NOT IN SU	CH FACILITY, GIVE STRE	SING HOME (	OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON F WORKING LI	12b. KIND C	of Business Or Commerci
	Pikesville AL RESIDENCE (IF NUR			Adana Ro		21208	Ret. Credi	t Man	ager,	Credit
13a. S	Mary land	13b COUN		13t. CITY OR TO	WN	13d. INSIDE CITY LIMITS? YES NO DC	13e. STREET ADDRESS 709 Adano	n Road	1 2120	78
14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN N	IAME		LAS	,
	Frank			Yat	es	Addie	Model		Ho	~
	AS DECEASED EVER		MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT Mrs	. Louise Yat	ss es		
	Yes	WW		212-07-	6804	209 Adana Ro			Marylar	rd 21208
CERTIFICATION	Conditions, if ony gove rise to improve (a), stating underlying cause PART 2. OTHER SIGI	nediote ig the lost	DUE TO, O		DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONI	20b. IF YES	S, WERE FINDIN	IGS USED
TIFIC							YES NOT		FYING CAUSES	OF DEATH?
	210 ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEA		OF INJURY .M. MONTH .M.	DAY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJUS			
MEDICAL	21d INJURY OCCUR	TILE		OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a.1 certify that (1) saw the deceas- abave, (1) (we) (4) 22b. SIGNATURE	ed of we of	Note	802 19	, or	nd that in (my) (our) opinion	, to, to n death occurred on the do		ond from the	
		Na	ugu	ua		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22t. DATE	SIGNED
	22d. PHYSICIAN'S N.	Rafae	7 A.	Perez-Me	era	22e ADDRESS 5400	Old Court H	Road	211	133
-{	URIAL, CREMATION, SPECIFY) Burial	REMOVAL	23b. DATE 2/14/8			emetery or crematory on Cemetery	Woodlawn	Вс	attimore	e MD. STATE

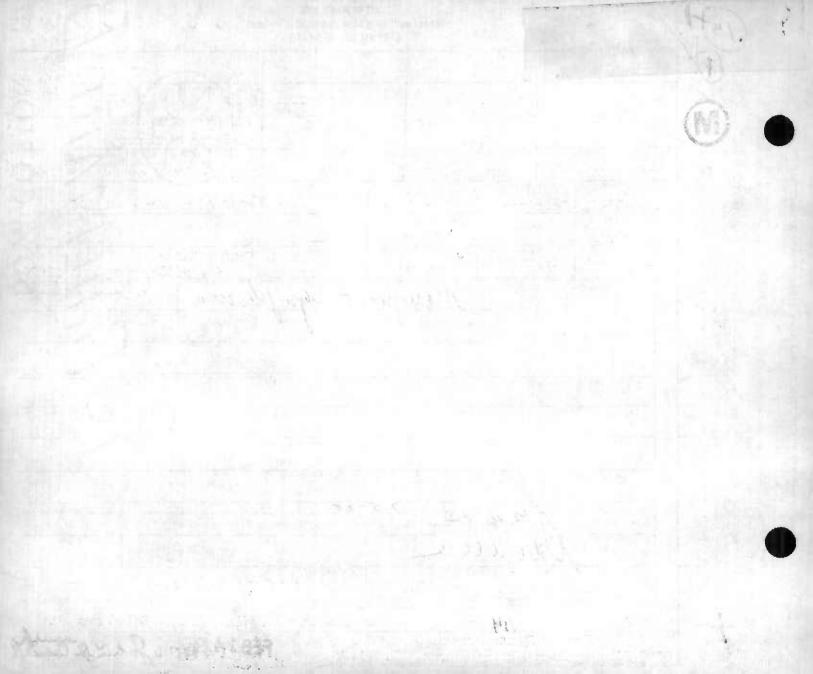
DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

morked or item 18 shows ony

MPORTANT: If he

Property Road Randallstown, MD. 21133



FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

3	3	0	3	23	0	5
42						

	REGISTRAR						REG. N	NO.		
	CEASED NAME E OR PRINT)	George		. YMN	GLING	LAST	February	MONTH	983	26 HOUR 6:00
3 SEX	X	4.	RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HI
	Male	0.5	Cauc.		0	5 23 1910	72 YRS.			
	IRTHPLACE (STATE OR F COUNTRY) Maryland	OREIGN 76	U.S.A	WHAT COUNTS	RY? 8 MARR WIDOV	IED NEVER MARRIED	Baltimore city			
_	ITY OR TOWN OF DEA	TH 11	1. NAME OF	HOSPITAL, NUR	SING HOME	OR OTHER INSTITUTION	17a USUAL OCCUPAT	ION	12b. KIND C	F BUSINESS
	Baltimore		Frank.	lin Squa	are Ho					Cab C
13a. S	At RESIDENCE (# NURS STATE Maryland	136. COUNTY	ther institution. Y imore	13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 940 Garden		Essex, 212	Md.
14. FA	ATHER'S NAME	AAR	DDIE			15 MOTHER'S MAIDEN NA			LAS	
	George		-		gling	Margaret	-		Gla	zer
(1	NAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARME		16b. SOCIAL SE 214-03		Mrs. Minnie Y	ADDR	940 ( Essex	Garden I	r. 1221
	Conditions, if ony, gove rise to imm couse (o), stating underlying cause	nediate g the lost	DUE TO, OI  (b)  DUE TO, OI  (c)	R AS A CONSEC	QUENCE OF	leart Failure				
FICATION	Conditions, if ony, gove rise to imm couse (o), stating underlying cause	which nediate g the lost	DUE TO, OI  (b)  DUE TO, OI  (c)  ONDITIONS CO	R AS A CONSECUTIVE TO THE CONTRIBUTING TO THE CONTRIBUTION OF THE	QUENCE OF	JT NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YE	ES, WERE FINDIN	IGS USED OF DEATH?
ERTIFICATION	Conditions, if ony, gove rise to imm couse 101, stating underlying couse  PART 2 OTHER SIGN NOn-tra	which nediote g the lost	DUE TO, OI  (b)  DUE TO, OI  (c)  ONDITIONS CO	R AS A CONSECUTIVE TO A	QUENCE OF	UT NOT RELATED TO THE TERM CTION ON WAS PERFORMED	200 AUTOPSY? YES NOX	20b. IF YE	ES, WERE FINDIN IFYING CAUSES 'ES []	IGS USED
CAL CERTIFICATION	Conditions, if ony, gove rise to imm couse 101, stating underlying couse  PART 2 OTHER SIGN NOn-tra  19a. DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING C	which nediate g the lost  NIFICANT CO. n Smu ra	DUE TO, OI  (b)  DUE TO, OI  (c)  DINDITIONS CC  IMPOC  19b. CONDI  21b. TIME O HOUR A.	R AS A CONSEC DINTRIBUTING T CAPTAL ITION FOR WHI OF INJURY M. MONTH	QUENCE OF  O DEATH BU  I nfarc  ICH OPERATI	UT NOT RELATED TO THE TERM  TO THE TERM ON WAS PERFORMED  210: HOW INJURY OCCURI	200 AUTOPSY? YES NOX	20b. IF YE	ES, WERE FINDIN IFYING CAUSES 'ES []	IGS USED OF DEATH?
MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imm couse 101, storing underlying couse  PART 2 OTHER SIGN NOn-tra  19a. DATE OF OPERAT	which nedicte g the lost VIFICANT CO. IT SMU YOU CON SMU YOU CON SMU YOU CAUSE OF DEATH CALEXAMINER; SEED	DUE TO, OI  (b)  DUE TO, OI  (c)  PUDITIONS CO  19b. CONDI  21b. TIME O HOUR A  P  21e. PLACE (	R AS A CONSECTION OF INJURY M. MONTH M.	QUENCE OF  O DEATH BU  Infarc  ICH OPERATI  DAY YEAR	UT NOT RELATED TO THE TERM  TO THE TERM ON WAS PERFORMED  210: HOW INJURY OCCURI	200 AUTOPSY? YES NOX	20b. IF YE IN CERTIN Y	ES, WERE FINDIN IFYING CAUSES 'ES []	NGS USED OF DEATH? NO
	Conditions, if ony, gove rise to imm couse 101, stating underlying couse  PART 2 OTHER SIGN NON-tra  19a. DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING C 16 (IF EITHER NOTHER MEDIC 17 IN UNDER AT WORK NOTHER MEDIC 17 IN UNDER AT WORK NOTHER MEDIC 18 IN UND	which nedicte g the lost  VIFICANT CO. IN SMU YA  VIENTING	DUE TO, OI  (b)  DUE TO, OI  (c)  DUE TO, OI  (d)  DUE TO, OI  (e)  DIDITIONS CC  I MYOC  21b. TIME O  HOUR A  P  21e. PLACE ( (AT HOME, STR	R AS A CONSECTION OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFFIRE LEVEL OF INJURY REET, FACTORY, OFFIRE RETT, FACTORY, OFFIR	DAY YEAR  19  19  19  19  19	UT NOT RELATED TO THE TERM  CTION  ON WAS PERFORMED  216 HOW INJURY OCCURI	200 AUTOPSY?  YES NO ENTER NATURE OF INJU  CITY OF TO	20b. IF YE IN CERTINAL OF THE STATE OF THE S	ES, WERE FINDINIFYING CAUSES (ES	NGS USED OF DEATH? NO  STATE
	Conditions, if ony, gove rise to imm couse 101, storing underlying couse  PART 2 OTHER SIGN NON-tra  19a. DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING COURT WALL OF COURT WALL	which nedicte g the lost  NIFICANT CO.  NISMU YA  WERLYING  AUSE OF DEATH AL EXAMINER)  RED  ILE  ILE  ILE  ILE  ILE  ILE  ILE  ILE	DUE TO, OI  (b)  DUE TO, OI  (c)  DUE TO, OI  (c)  PUBLICAN  19b. CONDI  19b. CONDI  21b. TIME O  HOUR A  P  21e. PLACE (AT HOME, STR  (AT HOME, STR  VIEW The Dody)	R AS A CONSECTION OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFFIRE LEVEL OF INJURY REET, FACTORY, OFFIRE RETT, FACTORY, OFFIR	DAY YEAR  19  19  19  19  19	IT NOT RELATED TO THE TERM  IT ION  ON WAS PERFORMED  216. HOW INJURY OCCURI  216. LOCATION STREET  219. 83	200 AUTOPSY?  YES NO ENTER NATURE OF INJU  CITY OF TO	20b. IF YE IN CERTINY  JRY IN ITEM IB.  TY 12  John Today	PART 1 OR PART 2)  COUNTY  1983  Jur and from the	NGS USED OF DEATH? NO  STATE that (we) I couses stated
	Conditions, if ony, gove rise to imm couse 101, stating underlying couse  PART 2 OTHER SIGN NON-tra  19a. DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING C 16 (IF EITHER NOTHER MEDIC 17 IN UNDER AT WORK NOTHER MEDIC 17 IN UNDER AT WORK NOTHER MEDIC 18 IN UND	which nedicte g the lost  NIFICANT CO.  NISMU YA  WERLYING  AUSE OF DEATH AL EXAMINER)  RED  ILE  ILE  ILE  ILE  ILE  ILE  ILE  ILE	DUE TO, OI  (b)  DUE TO, OI  (c)  DUE TO, OI  (c)  PUBLICAN  19b. CONDI  19b. CONDI  21b. TIME O  HOUR A  P  21e. PLACE (AT HOME, STR  (AT HOME, STR  VIEW The Dody)	R AS A CONSECTION OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFFIRE LEVEL OF INJURY REET, FACTORY, OFFIRE RETT, FACTORY, OFFIR	DAY YEAR  19  19  19  19  19	DT NOT RELATED TO THE TERM  TION  ON WAS PERFORMED  216. HOW INJURY OCCUR!  216. LOCATION STREET  DEGREE  ATTENDING	ZOO AUTOPSY?  YES NO NO NOTION	ZOB. IF YE IN CERTI Y  JAY IN ITEM IB  DWN  TY 12  Jote and ha	COUNTY  1983  220 DATE	NGS USED OF DEATH? NO  STATE that (we) I couses stated
MEDICAL MEDICAL	Conditions, if ony, gove rise to imm couse 101, storing underlying couse  PART 2 OTHER SIGN NON-tra  19a. DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING COURT WALL OF COURT WALL	which mediate g the lost  NIFICANT CO. NSMUTA  TION  RERLYING  AUSE OF DEATH ALLEXAMINER)  RED  THE  CHISTONIA (THE CONTINUE)  THE  CHISTONIA CONTINUE  THE  CHISTONIA CONT	DUE TO, OI  (b)  DUE TO, OI  (c)  DUE TO, OI  (c)  PUBLICAN  19b. CONDI  19b. CONDI  21b. TIME O  HOUR A  P  21e. PLACE (AT HOME, STR  (AT HOME, STR  VIEW The Dody)	R AS A CONSECTION OF INJURY M. MONTH M. OF INJURY REEL FACTORY, OFFICE PAGE 15	DAY YEAR  DAY YEAR  CE. FARM ETC.)  The property of the proper	DIT NOT RELATED TO THE TERM  CTION  ON WAS PERFORMED  216. HOW INJURY OCCUR!  216. LOCATION STREET  CHAPTY 2 19 83  and that in (m/k) (our) apinion  DEGREE  ATTENDING PHYSICIAN [ 226. ADDRESS	Z00 AUTOPSY?  YES NO NO NO NOTICE OF INJUDENT OF THE CITY OF TO THE COURSE OF THE COUR	ZOB. IF YE IN CERTI Y  JAY IN ITEM IB  DWN  TY 12  Jote and ha	COUNTY  1983  220 DATE	NGS USED OF DEATH? NO STATE

DHMH - 16.50M 1/B1 (VRA 15, 4)

BP.

05 23 1910 72 Sury Land J. S. A. `cllo 'cllo' which Square His. ord idla essex, M. 940 (arden lr. oromis Ind ary Lage Clazer Yil in fargret Searge .. 214-00-0000 rs. innic Yinglin - Issex, d. 1111 Eldiore M. Incial 07/17/83 (cily iills miter embroyed - 1 vo quantile o couc 212 apr

## STATE OF MARYLAND

- STA	ATE GISTRAR				CERTII	FICATE OF DEATH	R	EG. NO.		
1. DECEAS		FIRST	M	IDDLE		LAST	20. DATE OF DEA	ATH MONTH	DAY YEAR	26. HOUR
11.120.71	CH	IRIST	COPHER	ADAM	Y	OUNG		2-27-	-83	8:00pm
3. SEX MA	ALE		4. RACE WHITE		5. DATE (		6. AGE (INYEARS)	LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
70. BIRTHP	PLACE (STATE OR FORI		USA	VHAT COUNTRY?	WIDOW		23 mm / mm	ITY OR COUNTY	OF DEATH DUNTY	MD.
TOW	ISON	/	to the an	OSEPH HO	SPITA	or other institution L	12a. USUAL OCC (TYPE OF WORK FOR	UPATION MOST OF WORKING LIF		OF BUSINESS OR
130 STATE		COUN	TY	Dundalk	N.E	136 INSIDE CITY LIMITS?		RESS ST GREGO	DRY DR	21222
14. FATHER	JAMES	В		ung Last		15. MOTHER'S MAIDEN NA FIRST  DEBORA	H		LAPPE	
	DECEASED EVER IN O OR UNKNOWN)		MED FORCES? E WAR OR DATES)	None	RITY NO.	James B. Yo				gory Dr D. 2122
PAR NOIL		lost.	ONDITIONS CO	AS A CONSEQUE PREMATUR  NTRIBUTING TO C	NCE OF  ITY  DEATH BUT  I.AR H	CONSOLIDATION OF RELATED TO THE TERM EMORRHAGE BRAIN WAS PERFORMED	TN PAT	ENT DUCTI ? 20b. IF YES	IS ARTE	RTOSUS NGS USED S OF DEATH?
EDICAL STATE	ACCIDENT WAS UNDERLI CONTRIBUTING CAU FEITHER, NOTIFY MEDICAL INJURY OCCURRED	EXAMINER	P.A	A. MONTH DA A.	19	21t. HOW INJURY OCCUR 21f. LOCATION 51REET				NO
22a.	NOT WHILE AT WORK  I certify that A (the sow the deceased above, (j) (we) (did	nis hospit	tol) ottended the	deceosed from	<del>2-</del> 26	nd that in (ng) (our) opinion	to 2–		r and from the	
	PHYSICIANS NAM	E (TYPE O	RYRINT) ROI	he M	D	ATTENDING PHYSICIAN [	MEDICAL DIRECTOR P	STAFF HYSICIAN X	3-1	-83
	JEFFREY C.	1	CHE, M.D			7620 YOR	K ROAD T	OWSON MD	21204	
	AL, CREMATION, RE	MOVAL	23b. DATE			CEMETERY OR CREMATORY	23d. LOCATIO	NWO	COUNTY	Marsa State

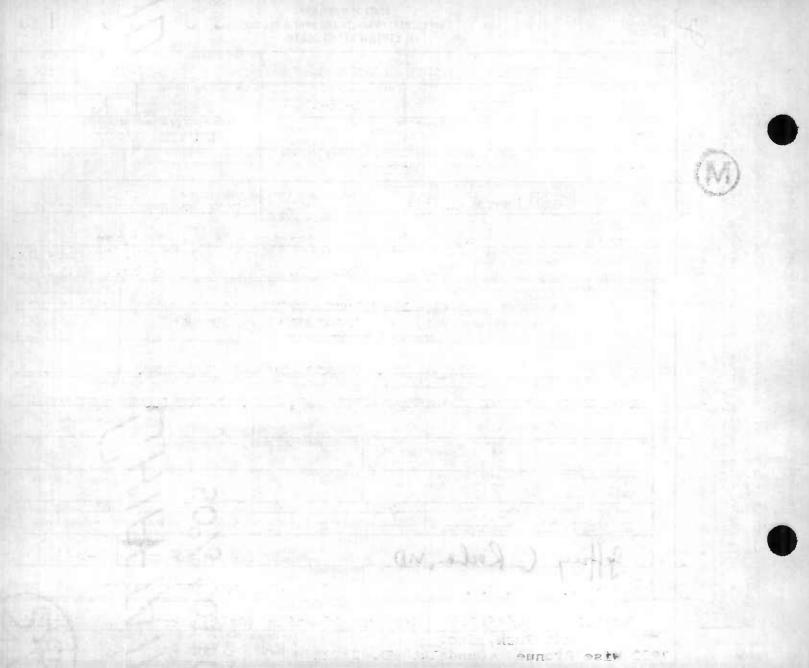
DHMH - 16 50M 4/82 (VRA 15, 4)

BP

7922 Wise Avenue Dundalk, MD.

21222

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE.



	1	FOR Item 6	, 17.	per F	un. DEPARTA	NENT OF H	OF MARYLAI	ENTAL HYG	IENE 8	3	0	3 5	1, 1
		REGISTRAR HOM-	e 2/2		MIDDLE		ICATE OF DE	EATH	20. DATE C	REG. NO.	ONIH DAY	YEAR	2b. HOUR
y be			Vir	ginia	Howe	Yo	oung			0:	2 10	7 83	3 13 AM
ge 4 m		emale		4. RACE Whit		5. DATE C	BIRTH	07 ^{AR}	6. AGE (IN	6 75	YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
(M)	351	Saltimore		USA	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MA	ARRIED X	1000	ore city or 1 timor			MD.
by the the the position will be the the the the the the the the the th	(	Cockeysvill	е	(IF NOTBYSHE	dadinead 1	3801	York		12a. USUAL	OCCUPATION REFORMOSTOF VICIPAL	7		ation
filled in hould be	Ma	aryland	13h COUN	other institution aty timore	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Cockeys	٧				ADDRESS 01 Yor	k Road	#:	21030
ompletely ond 2 s		ATHER'S NAME George		MIDDLE	Young		15 MOTHER'S	ary		MIDDLE		Kraf	
n and co	1	VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	218-34-		Mrs. V		030) a H.				le, Md. k Rd.
cate by ysicio oppers.		18 CAUSE OF DEATH PART I, DEATH W.	(Enter on	ly one cause per	line far (a), (b), and	l (c)		1					MATE INTERVAL DINSET AND DEATH
certifi ing ph rbonp r remo				E CAUSE (a)	KH CDIOPL	1100	oning	Han	les t				
death ottend ove co tion, c		Conditions, if any,			RAS A CONSEQUE		CARC	inom	AC	F Bow	EL		
that the last the last the last terms of crems rather tr		gave rise to imm cause (01, stating underlying cause		DUE TO, OI	r as a conseque	NCE OF	/						
luires signec nen pli ne buria	Z	PART 2. OTHER SIGN	IFICANT O	CONDITIONS CO	.44.			O THE TERMI	NAL DISEAS	E OR CONDI	TION GIVEN	IN PART 10	
he low rec	CERTIFICATION	190 DATE OF OPERAT	10N	196 CONDI	TION FOR WHICH		N WAS PERFOR	MED	20a AUT		20b. IF YES, V IN CERTIFY IN YES	NG CAUSES	
g physici g physici d phys	-	210. ACCIDENT WAS UNDI OR CONTRIBUTING C. (IF EITHER, NOTIFY MEDIC	AUSE OF DEA	171	M. MONTH DA	Y YEAR	21c HOW INJ	URY OCCURR	ED (ENTERN	ATURE OF INJURY	IN ITEM 18 PART	1 OR PART 2)	
ottendin ter this c is the bur h and Me rked or li	MEDICAL	21d. INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	LE 🗍	21e. PLACE ( (AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE FA	RM, ETC }	211 LOCATION STREET	٧		CITY OR TOWN	N	COUNTY	STATE
spitol or STOR: Af for use a of Health	Ų,	220.1 certify that (1) ( saw the decease abave, (1) (we) (d	d alive an		19	, on	d that in (my) (c	, 19 our) apinion d	ta	ed on the date	, 19 e and hour a		that (I) (we) last causes stated
Y the hos y the hos RAL DIREC detoched ore Dept.		226 SIGNATURE Walt	n	HRO	m on	n		TENDING HYSICIAN []	MEDICAL DIRECTOR	STAFF PHYSICIA	NA PARAMETER STATE OF THE PARAMETER STATE OF	220. DATE 2/10	SIGNED SIGNED
etoined by TTO FUNER should be with the St	1	Dr. Wa		N. Hep	ner		22e ADDRESS						
		BURIAL, CREMATION, E					EMETERY OR CR			ORTOWN		OUNTY	STATE
BP DHMH - 16 50M 1/81		Cremmatio	n	2/11/	74.		w Mem	25a DATE	REC'D BY	onsvil	Le Ba.	Ito. Co	o.,Md.
(VRA 15, 4)	M	artin D. L	awso	n, 10W.	. Padonia	a Rd.	Timon	ni unt E	812	1903	John	~	- There

DOMESTIC TRANSPORT TO THE PARTY OF THE PARTY M. Hiravason and DECIS a Land 18301 Young 18301 Young 18 Lind Level of the Level of the Court of the 1983 for forming

0			STATE OF MARYLAND	
10	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	3 0 3 3 1 2 REG. NO.
t 4 may be tor page 3 other death		EASED NAME FIRST	ACE S. DATE OF BIRTH MONTH UDAY OF YEAR  20. DATE OF  21. DATE OF  22. DATE OF  24. DATE OF  25. DATE OF  26. DATE OF  27. DATE OF  27. DATE OF  28. DATE OF  29.	DEATH MONTH DAY YEAR 21 HOUR  ARS LAST EPHHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS  MONTHS DAYS HOURS MIN
38 <b>W</b>	T	Salto Cety.	CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMOR WIDOWED DIVORCED 196	RECITY OR COUNTY OF DEATH  MD.
hours ofter a lin by the fu be filed with	9-0	DUNA ALK  RESIDENCE (IF NURSING HOME OR OT)	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FAILLTY, GIVE STREET ADDRESS)  FRINSTITUTION GIVE RESIDEND BEFORE ADMISSION)  ER INSTITUTION GIVE RESIDEND BEFORE ADMISSION)	12b. KIND OF BUSINESS OR INDUSTRY  STEEL WORKING WEI
24 h	13a. S	TATE 136 COUNTY	130 CITY OR TOWN 13d INSIDE CITY LIMITS? 136 STREET A YES 1 NO 1 136 STREET A 15 MOTHER'S MAIDEN NAME	DDRESS Fairdel and
completely is 1 and 2 should be shou		THE LOUIS ARME	W.ZANHERSR MARIE	ADDRESS ROMMEU.
Poge Poge		ES NO OR UNITOWN) (IF YES, GIVE W		der (Same as #13.)
ires that the death certificate be gned by the ottending physician in please remove carbon papers. I burial, cremation, or removal. ry, or other traumatic event, the		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF LONG DISCOS  DUE TO, OR AS A CONSEQUENCE OF LONG DE TO, OR AS A CONSEQUENCE OF LONG DE TORONTO DE TOR	
he low requous. hos been signated by the prior to ows ony inju	CERTIFICATION	PART 2 OTHER SIGNIFICANT CON	196. CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOR YES	
HYSICIA ading ph his certif buriof-ti d Mentol or Item	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (# EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 217. TABLE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	URE OF INJURY IN ITEM 18 PART 1 OR PART 2)  CITY OR TOWN COUNTY STATE
NTENDINI spitol or of CTOR: After the ost for use ost of Heolth of the other other of the other o	,	WHILE NOTWHILE 21 WORK 20 Lectify that (I) (this hospital) with the discussion of the control of	ottender the decision of the state of the st	215/ 1983 that (I) (we) lost on the date and hour and from the causes stated
TO HOSPITAL OR A retained by the hospital of European DIREC should be detached with the Store Dept IMPORTANT: If them	,	22d PHYSICIAN'S NAME (TYPEGRA)		STAFF 226 5/83  Aall of 21222
BP	23a. 8	URIAL, CREMATION, REMOVAL REMOVAL REMOVAL	3b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT	TION RIOWN COUNTY STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24. FU	NERAL DIRECTOR  Anatomy Boa	ADDRESS	GISTRAR 256 REGISTRAR'S SIGNATURE

LEWIS TO THE PROPERTY OF THE PARTY OF THE PARTY. 19 1 2 7 Dund Color Colo

W		CEASED NAME FIRST OR PRINTS LEO		MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR 2	h HOUR
W	3. SE	IEO								I HOOK
	3. SE					ITLIN	FEBRUARY 4			3:05 AM
70			4. RACE		5. DATE OF B	DAY YEAR	6. AGE (IN YEARS LAST BIRT	MÓN		HOURS MIN.
E 276		MALE	WHITE		JUNE	11,1902	80	YRS.	25.511	
2.74		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIED C	NEVER MARRIED	9. BALTIMORE CITY O	COUNTY OF	DEATH	
11 47		NEW YORK	U.S.		WIDOWED		BALTIMOR			MD.
d with	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING CH FACILITY, GIVE STREET A		THER INSTITUTION	120 USUAL OCCUPATION		IZB. KIND OF	BUSINESS OR
5/0	1400	RANDALLSTOWN		N NURSING		2	FINANCI	ER	BANKI	ING
and blue	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	NTY  LTIMORE	13c. CITY OR TOWN	1 13	I. INSIDE CITY LIMITS?	13e. STREET ADDRESS 3198 old p	ost dr	ant	6 (212)
5 0		THER'S NAME				MOTHER'S MAIDEN N	AME	ost ar		0 1212
P 030		SAMUEL	WIDDLE	ZEITL	TN	ANNE	WIDDLE		SMOI	LIAN
		VAS DECEASED EVER IN U.S. AF		166. SOCIAL SECUR		INFORMANT	ADDRE	55	Ol-101	JIMI
s. Poges e medico	()	res, no or unknown) (1F yes, gi	VE WAR OR DATES)	084-05-6	983	MRS. JANET	SIMON 3198 C	LD POST		(1208) (PT. 6
popers. novol. ent, the		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSI	nly one cause pe ED BY:	cardinator (o), (b fond		mon ory	Arrest		BETWEEN ON	ATE INTERVAL
rem		WILL Q IMMEDIA	TE CAUSE (o)	0		,				
moti			DUE TO, C	R AS A CONSEQUE	NCE OF	avouch	Duren		- X -	D. S. Maria
movin trou		Conditions, if ony, which gove rise to immediate	(b)_	Carin	-		<i>y</i> - <i>y</i>			
other		couse (a), stating the underlying cause last.	DUE TO, C	R AS A CONSEQUE	NCE OF / A	, Insu	fficien	47		
buriol buriol ry, or		PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO D	EATH BUT NO	/			IN PART 1:0	
prior to	CERTIFICATION	19a DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATION V	VAS PERFORMED	20a AUTOPSY?	20b F YES, W		
2 2 2 3	TFIC						YES NO NO	YES [	G CAUSES O	PEATH?
ol-tronsit ntol Hygie em 18 sho	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME (		2	Ic. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)	
riol-trons entol Hyg them 18 sh		OR CONTRIBUTING CAUSE OF DE	AIR	.M. MONTH DA	Y YEAR					
A We	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY	2	F LOCATION	CITY OR TO	vN.	COUNTY	STATE
alth ond morked	Z	WHILE AT WORK AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, FA	ARM, ETC }	PINEEL	CITY OR TO	***	2001111	JIMIE
mor mor		220.1 certify the (this hosp	ital)_attended t	he deceased from	1-26	, 19	1. 10 2-4		F.3_, th	ot(I) (we) lost
of He		sow the deceased aline or above, (I) we) (did (idid no			, ond t	hot in (my) our) opinion	death occurred on the do	te and hour or	id from the co	iuses stated
Dept. of He		22b. SIGNATURE	or) yiew the body	differ Geoffi.	DEC	GREE			22c. DATE ST	GNED
+ 0		Elwand	75	en		ATTENDING PHYSICIAN	DIRECTOR PHYSIC		2-4-	-83
0.00		226 PHYSICIAN'S NAME (TYPE	OR PRINT)		2	e ADDRESS				
should be with the S		DD EDWAI	D CHEDA	f A NI		8726 LIBERT	V DN			
	23a F	BURIAL, CREMATION, REMOVAL	SHERM 23b. DATE			ETERY OR CREMATORY	236. LOCATION			
243 34							CITY OR TOWN	C	OUNTY	STATE
5 % & A		BURTAT	2/6/8	3 RET	H ET M	EMORTAL DAD	K DANDALICT	OWN DAT	TIMODI	
		BURIAL	2/6/8	BETON & BROS.		EMORIAL PAR	K RANDALLST			MARYL

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